THE

BRITISH JOURNAL

OF

CHILDREN'S DISEASES.

Vol. IX. DECEMBER, 1912. No. 108.

Original Articles.

NOTES ON A CASE OF PRECOCIOUS DEVELOPMENT IN A BOY, AGED SIX YEARS.*

By E. Cecil Williams, M.B.,

Physician to the Royal Hospital for Sick Children, Bristol.

A boy, aged 6 years, was admitted into the Bristol Children's Hospital May the 10th, 1912. About six months prior to admission, his parents noticed he was developing quickly.

Condition on admission.—Weight 4 st. 2 lb., height 4 ft. 2 in. Has a slight moustache ; voice deep, like an adult's. Muscles of arms and trunk well developed ; can lift heavy weights. Is slow of intellect and movement. Cannot run as other boys of his age do. Inclined to knock-knee ; tibiæ are also inclined to be curved. There is abundance of pubic hair, no axillary hair ; external genitals fully developed. No bronzing of skin. Heart and lungs normal. No tumour to be felt in abdomen. Pulse varies from 72–88. Blood-pressure 110 mm. Hg. Fundi healthy. No sugar or albumin in urine. Circumference of head 21½ in. He remained in hospital for five weeks, during which time he put on 11 lbs. so that his weight was that of a boy aged 13 years.

I had an opportunity on October the 15th of examining this boy

* A paper read before the Section for the Study of Disease in Children of the Royal Society of Medicine on October the 25th, 1912.

again, and comparing his weight and other measurements with those taken last June.

June the 13th, 1912	October the 15th, 1912.	Normal boy of 6.
Weight 4 st. 13 lb.	5 st. 5 lb. 5 oz.	3 st. 2½ lb.
Height 4 ft. 2 in.	4 ft. 4½ in.	3 ft. 7 in.
Neck 12⅛ in.	13 in.	11 in.
Chest 26½ in.	29 in.	22 in.

This increase of weight and height, together with the advanced ossification shown in a skiagram of his hands, compared with those of an ordinary boy, aged 6 years, is striking evidence of his advanced skeletal development. There does not appear to be any further increase in his sexual development, no tumour can be felt, and he is in excellent health.

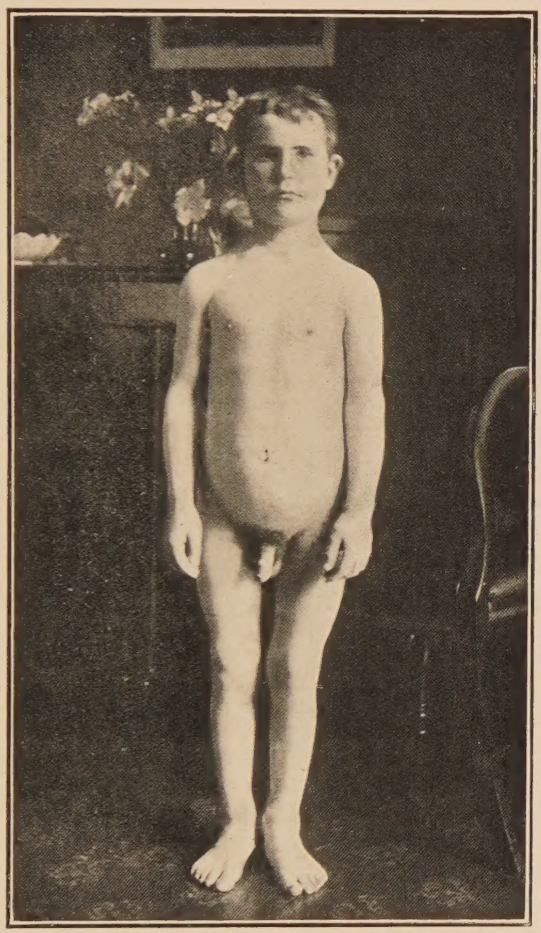
Bulloch and Sequeira have collected twelve examples of sex abnormalities in children, associated with adrenal hypernephromata and verified post mortem; to this number Glynn has added five more cases.

A study of these seventeen cases shows—(1) that all except two were observed before seven years of age (my case is six years old). (2) That only three of the seventeen cases were boys. (Mr. Hugh Lett showed a living example of precocious growth in a boy, aged 4 years.) (3) A tendency in case of males towards an increase in the male characteristics—*e. g.* in my case, boy's muscular power—whereas in females there is a tendency to increase the male primary and secondary sexual characteristics at the expense of the female, *e. g.* appearance of beard, hypertrophy of clitoris.

Adrenal hypernephromata in children tend to grow slowly and do not all tend to be disseminated. Other cases of precocity in children have been reported in connection with the pineal gland. In order to ascertain whether there might be any pituitary enlargement, I have had a skiagram taken to show the base of the skull. I have the permission of Prof. Fawcett to say that from the skiagram he thinks the sella turcica and pituitary fossa are enlarged (*vide infra*).

There is now a considerable amount of evidence of a correlation between sexual development and the various ductless glands. Bulloch and Sequeira refer to several cases of retarded sexual development in association with a hypoplastic or atrophied condition of the adrenals. They also refer to the "shrivelled" post-mortem appearances of the supra-renals in one of Hastings Gilford's cases of premature senility. The observations of Gottshau on the increase of cortical cells—in pregnant rabbits—at the expense of the medullary cells, and the observations of Stilling on frogs during the

pairing season, that the medullary cells disappear and characteristic cells called summer cells take their place, are adduced as evidence that the cortex is the portion of gland more intimately connected with growth and development. The blood-pressure of 110 mm. Hg.



is certainly high. J. D. Rolleston states the blood-pressure rarely exceeds 105 mm. Hg. before twelve years of age. Dr. A. T. McCaw has taken a large number of blood-pressures at the Bristol Children's Hospital, which confirm Rolleston's figures. May this high blood-pressure be due to an excess of suprarenal or pituitary extract in the blood, possibly the result of glandular irritation due to a new growth ?

NOTES BY PROFESSOR FAWCETT.

The skull.—As far as can be judged from a skiagram of the skull, the pituitary fossa is enlarged in the antero-posterior direction. The length of the cranium by external measurement is 190 mm., and the greatest breadth is 145 mm. The mandible is somewhat small in comparison with the other face bones, and as a consequence the permanent incisors are very irregular. The large size of the face is mainly due to fat.

The bones of the hand are in an advanced condition of ossification. The pisiform is of large size, and the various epiphyses are practically of full size. In a boy of six one does not find the pisiform at all, and the phalangeal epiphyses are much smaller than the base of the shafts of the phalanx. In this boy the epiphyses have reached practically their full relative size. The proximal thumb sesamoids are, too, well ossified. The condition of the hand bones is what one might expect in a boy of fourteen to sixteen years of age.

REFERENCES.

(1) BULLOCH, W., and SEQUEIRA, J. H.—'Trans. Path. Soc.,' 1905, lvi, p. 189.
(2) GLYNN, E. E.—'Quart. Journ. Med.,' 1912, v, p. 157.
(3) GOTTSCHAU.—Quoted by Glynn, *loc. cit.*
(4) LETT, H.—'Rep. Soc. Study Dis. Child.,' 1906, vi, p. 200.
(5) ROLLESTON, J. D.—'Brit. Journ. Child. Dis.,' 1911, viii, p. 433.
(6) STILLING.—Quoted by Glynn, *loc. cit.*

THE CUTANEOUS REACTION TO TUBERCULIN IN CHILDHOOD.

By C. PAGET LAPAGE, M.D., M.R.C.P.,
Physician to the Manchester Children's Hospital.

(*Continued from p.* 502.)

Repetition of test.—Taking those cases in which the test was done a second time, in most cases because the first test was negative, we find that both tests were negative in 48, of which clinically 7 were negative, 14 possible, 12 suspicious, 7 probable, and 8 definite.

The first was negative and the second test positive in 19, of which clinically 6 were possible, 8 suspicious, 2 probable, and 2 definite.

In two cases only the third test was positive, and in two other cases only the fifth test was positive. Therefore in 19 of 67 cases, or 28 per cent., the second test showed a positive result when the

previous test had been negative—figures which illustrate the importance of performing the test twice.

Of those cases which were tested a second time although the first test had already been positive, in 18 the second test was positive, and in 2, one possible and one suspicious, it was negative.

Lord found that in those cases giving the reaction on two separate occasions the first was equal to the second in 7, greater in 15, and less in 52, but in all cases the difference was only slight.

Other observers have said that a second reaction is likely to be greater than the first, but of the 22 cases showing two positive reactions, in 5 the second reaction was greater than the first, and in 3 the first reaction was greater than the second ; in 14 the two reactions were of equal intensity.

Re-testing and sensitisation.—Vaughan, using the ophthalmic reaction found that a primary negative result followed in eight days by a positive result meant that the body had become sensitised to tuberculin. In attempts to sensitise 30 children, 10 were successfully sensitised. No sensitisation could be effected in the children of tuberculous parents.

Of the cases in which the effect of the administration of tuberculin on the reaction was studied, two at least out of three or four have shown an increased tendency to react, and one in whom a dose of tuberculin produced unpleasant symptoms showed at the same time an excessive reaction, going on to vesiculation, at the site of an old cutaneous test—a fact which goes to prove the specificity of the reaction.

Effect of human and bovine tuberculin compared.—For this purpose some 200 cases under constant observation in a ward were tested simultaneously with both forms of tuberculin.

Other observers who have done work of a similar nature obtained the following results.

Clarke and Forsyth found that of 61 cases of pulmonary tuberculosis in which the reaction was positive to both forms of tuberculin, 28 were of equal intensity, in 17 the reaction to human was greater than that to bovine, in 16 the reaction to bovine was greater than that to human, and in 2 there was a reaction to human only and in 3 to bovine only.

MacNeil found that in 330 tests in children the 258 were of equal intensity, the human was greater than bovine in 52, the bovine greater than human in 9, the human positive and bovine negative in 11, the bovine positive and human negative in none.

Lucas, taking 50 cases of cervical adenitis and using bouillon

filtrates of human and bovine tuberculin and Koch's old tuberculin, found that 58·2 per cent. reacted to all three, 2·4 per cent. to human and not to bovine, 27·8 per cent. to Koch's old tuberculin and not to the other two, and none to bovine and not to human. He concludes that Koch's old tuberculin is the best solution to use.

Kentzler did not note any difference in the reaction to human as compared to bovine tuberculin, but Wolff-Eisner holds that this is due to his not having observed the quantitative nature of the reaction and also to his having used too weak a tuberculin.

With regard to diluting fluids, Junker found that 5 per cent. carbol glycerine may cause a reaction and is therefore too strong. He advocates the use of 0·5 per cent. carbolic acid and 3 per cent. glycerine.

The results of 200 tests with human and bovine tuberculin and with diluting fluid showed the following results when applied to all children on admission to the hospital ward, irrespective of the nature of the illness, but including a fairly large percentage of suspicious cases. In 48, or 24 per cent., all three tests were negative ; in 100, or 50 per cent., the reactions to human and bovine tuberculin were of equal intensity ; in 27, or 13·5 per cent., there was a reaction to human and none to bovine ; in 8, or 4 per cent., there was a reaction to bovine and not to human ; in 10, or 5 per cent., the reaction to human was greater than that to bovine ; in 7, or 3·5 per cent., the reaction to bovine was greater than that to human. In 7, or 3.5 per cent., the control was positive, this being due probably to accidental infection from the spots inoculated.

A closer analysis of the cases in which the reactions to the different strains of tuberculin differed showed very little, except that in the cases in which the reaction to bovine tuberculin was greater than that to human there seemed to be an unusually large proportion of cases of abdominal tuberculosis. The figures were, however, much too small for general conclusions, and on the whole it is doubtful whether this was more than a coincidence.

What these results do show, however, is that it is much better to use human tuberculin than bovine, and that, with ordinary care, there is no reaction and no risk of fallacy in the use of glycerine and carbolic acid in the strengths mentioned. Taken in conjunction with the experiments of Lucas and Kentzler the results show : (1) that Koch's old tuberculin in a strength of 25 per cent. gives very good results, but in the light of more recent observations it may be better to use undiluted old tuberculin ; (2) that tuberculin from bovine sources may quite possibly give unreliable results ; and (3) that

glycerine 20 per cent. and carbolic acid 0·5 per cent. have no effect in producing a reaction.

Since bovine tuberculin may give unreliable results the nature of the tuberculin used is likely to have some effect on the percentage of positive results obtained, and this may be a partial explanation of discrepancies in results that have been formerly recorded. The results obtained, by Calmette's method are, however, considerably higher than one would expect from a tuberculin of bovine origin.

The X-ray examination and the result of the cutaneous tuberculin test.—It is instructive to compare the results of the X-ray examination and the cutaneous test, but before doing so four points must be noted: (1) The tuberculin test reveals tuberculous infection in any part of the body while the X-ray examination reveals thoracic tuberculosis only. (2) The tuberculin test may be negative in advanced or active tuberculous disease when the X-ray examination is positive. (3) A single negative tuberculin test does not exclude tuberculous infection because a second test is often positive in these cases. In some cases the test is not positive until the third application, and it will be of interest to see whether, as is held by many observers, a negative test on two occasions excludes tuberculous infection. (4) The cutaneous test was performed with 25 per cent. Koch's old tuberculin, whereas more recent researches show that it is probable that undiluted tuberculin gives more reliable results. Therefore, negative results obtained, to 25 per cent. tuberculin may not be always conclusive.

The X-ray examinations were made by Dr. Bythell, radiographer to the Manchester Children's Hospital, and his interpretation of the screen-picture was made before he knew the report on the clinical examination and the tuberculin test. I was present at all the examinations, and I am strongly impressed with the value of this method in the hands of a skilled observer.

TABLE C.

		Clinical examination.*
In 24 cases negative to the X-ray examination, the tuberculin test was:	+ in 8	2 suspicious
	− in 13	4 possible
	− − − in 3	18 negative
In 14 cases possible to the X-ray the test was:	+ in 10	4 definite
	− − + in 1	2 probable
	− in 3	3 suspicious
		5 possible

* The results of the clinical examination are also appended for comparison, and will be seen to correspond fairly closely with the other two sets of results.

		Clinical examination.
In 11 cases, 3 probable and 8 suspicious to X-ray, the test was:	+ in 7	3 probable
	− in 1	3 suspicious
	− − in 3	3 possible
		2 negative
In 58 cases positive to X-ray the test was:	+ in 39	27 definite
	− + in 1	4 probable
	− − + in 3	18 suspicious
	− in 13	6 possible
	− − in 2	3 negative

So that in those cases negative to X-ray examination the reaction was present in 33·3 per cent., and in those cases positive to X rays it was present in 72 per cent. That the reaction was present in so many as 33·3 per cent. is explained by the fact that the X rays do not show abdominal tuberculosis.

The more important figures are those relating to the cases positive to the X-ray examination. It will be seen that 74 per cent. gave a reaction, 26 per cent. did not, and 8·6 per cent. did not react to the first two tests. Some of the cases not giving a reaction were advanced in nature and did not react for this reason and some were not tested a second time, but the figures show that a single negative cutaneous test is not conclusive.

Since the above table was made out I have purposely selected and examined some cases negative twice to the cutaneous test in order to note its reliability. Of 12 cases giving no reaction to the cutaneous test either on the first or second application, and of the 2 giving no reaction on the first, second or third application, making 14 in all, 4 were negative to X-ray examination, 4 suspicious, 1 possible and 5 positive. The clinical examination showed: (1) In the 4 negative to X rays 2 possible and 2 negative; (2) in the 4 suspicious to X rays 2 possible and 2 suspicious; (3) in the 1 possible to X rays 1 suspicious; and (4) in the 5 positive to X rays 3 suspicious and 2 probable.

Therefore a certain number of cases which are neither advanced nor even definitely tuberculous to X rays or to physical examination give no result to the tuberculin cutaneous test applied on two separate occasions.

Further, of the two cases negative to the cutaneous test three times, one, though not an advanced case clinically, was definitely tuberculous when examined by the X rays and one was negative. Of the three cases not giving a reaction until the third testing, two, one of which

was an advanced and cachectic case, were positive, and one, negative clinically, was suspicious to X rays.

These results throw some doubt on the absolute reliability of the tuberculin cutaneous test as an unerring indicator of tuberculous infection. It looks as if the test is rarely but sometimes negative when there is tuberculous infection, but no cachexia or extreme activity of disease. This may be because diluted (25 per cent.) tuberculin was used, but the fact remains that of 18 cases in which there was no reaction either in the first or second application, in 8 the X-ray examination was positive. Therefore leaving out cases of advanced tuberculosis or of mixed infection, negative results on two separate occasions to the cutaneous test, as made with 25 per cent. Koch's old tuberculin, though usually and practically speaking excluding tuberculous infection, cannot be held to do so in every case. This is an important conclusion, because von Pirquet and others have stated that two negative tests do exclude tuberculous infection.

Barbe-Oberlin holds that two negative cutaneous tests exclude tuberculosis even though X-ray evidence may arouse suspicion. The X-ray examination may not be established as absolutely reliable, but, from my experience, I cannot say with other observers that the cutaneous test is an unerring indication of tuberculous infection. A positive result means infection, but a negative one does not always exclude it. Possibly, but I do not think probably, the test may not be open to this criticism if undiluted tuberculin is used or if the intra-dermo method be adopted. However, since one of my cases positive to X ray did not react cutaneously to undiluted tuberculin on two occasions, my experience of the use of undiluted tuberculin does not lead me to expect this; but it has been too small for definite statements and I have not used the intra-dermo method. Therefore I still regard it as probable that a certain small proportion of cases of tuberculosis other than those of advanced disease do not react to tuberculin efficiently administered by the cutaneous method.

Summary and Conclusions.

The reaction to tuberculin is specific, and it is a broad rule that all cases infected with tuberculosis give a reaction.

The subcutaneous method gives the highest percentage of results, but for practical purposes the cutaneous method is the most suitable.

Human tuberculin should be used because bovine tuberculin does not give reactions in all cases.

The substances used to dilute the tuberculin do not in themselves cause a reaction in the strengths they are now used.

The nature of the reaction is not yet proved.

The results of the clinical examination and the tuberculin test are confirmatory of one another, the reaction occurring far more frequently in those showing symptoms pointing to tuberculous infection.

The X-ray examination and the cutaneous tuberculin test correspond fairly closely if their results are properly interpreted.

A reaction indicates that the subject has been infected with tuberculosis and does not mean that the disease is progressive or even active.

We have at present no method of performing the test to afford us a means of distinguishing between active and passive disease, but research may find such a method.

A marked reaction or a reaction in a healthy person may be of good import and need not bear a sinister interpretation.

Slight reactions seem to occur more often in cases negative or only possible clinically.

A negative result may follow the test in children infected with tuberculosis; (1) if the disease is advanced; (2) if there is cachexia; (3) in very acute disease; (4) in mixed infections or cases complicated by acute disease.

A single negative test does not exclude tuberculous infection, repetition of the test increasing the percentage of positive results considerably (28 per cent.).

Even a negative result on repetition of the test does not always exclude infection, because some cases are only positive on the third application and others, positive to X-ray examination, but neither advanced nor cachectic in nature do not react to repeated tests. Therefore, judged by the X-ray examination, the cutaneous tuberculin test cannot be regarded as absolutely reliable in excluding tuberculous infection.

In some cases the first test may stir up powers which have not given a reaction at the first test, but which produce a reaction at the second test.

With the exceptions noted above, and excluding faulty technique, a negative result to the test applied twice can for all practical purposes be held to mean that there has been no infection with tuberculosis.

There is greater difficulty in diagnosing occult tuberculosis after the age of two years. In indicating tuberculous illness the test is of greatest value in young children.

As judged by the cutaneous test on children attending at a hospital, tuberculous infection occurs in 32 per cent. up to the age of 2 years, in 51·2 per cent. from 2–5 years, in 60 per cent. from 5–10 years, and in 60·8 per cent. from 10–14 years. Even in cases negative to clinical examination, infection occurs in 14·7 per cent. up to the age of two years, in 31·4 per cent. aged from 2–5 years, in 30·7 per cent. aged from 5–10 years, and in 51·2 per cent. aged from 10–14 years. In other words tuberculous infection is common in early life, increases rapidly in frequency up to the age of ten years, and then increases steadily but less rapidly, until at the end of school age at least 60 per cent. of children have become infected. Even in cases negative to clinical examination about 50 per cent. have become infected.

References.

(1) Barbe-Oberlin.—'Thèses de Paris,' 1911–12, No. 16.
(2) Calmette, A.—'Brit. Med. Journ.,' 1909, ii, p. 529.
(3) Clarke, H., and Forsyth, C. E. P.—'Brit. Med. Journ.,' 1910, i, p. 1348.
(4) Comby, J.—'Presse méd.,' 1906, xiv, p. 765.
(5) Hamburger, F.—'Brit. Med. Journ.,' 1910, ii, p. 76.
(6) Irimescu.—Quoted by S. von. Ruck, *loc. cit.*
(7) Junker, F.—'Münch. med. Woch.,' 1908, lv, p. 218.
(8) Kentzler, J.—'Wien. klin. Woch.,' 1908, xxi, p. 14.
(9) Lawrason Brown.—'Tr. Assn. Am. Phys.' 1911, p. 22.
(10) Lord, F. T.—'Boston Med. and Surg. Journ.,' 1908, clix, p. 779.
(11) Lucas, W. P.—'Cleveland Med. Journ.,' 1910, ix, p. 599.
(12) McNeil, C.—'Brit. Med. Journ.,' 1910, ii, p. 163, and 'Edinburgh Med. Journ.,' 1912, n.s., viii, p. 324.
(13) Mantoux, C.—'Presse méd.,' 1910, xviii, p. 10.
(14) Nothmann, H.—'Berl. klin. Woch.,' 1910, xlviii, p. 381.
(15) Pirquet, C. F. von.—'Arch. of Ped.,' 1910, xxvii, p. 191.
(16) Riviere, C., and Morland, E.—'Tuberculin Treatment,' Oxford Med. Press, 1912.
(17) Rozenblat, H.—'Arch. de Méd des. enf.,' 1911, xiv, p. 925.
(18) Ruck, K. von.—'Amer. Journ. Med. Sci.,' 1909, cxxxviii, p. 393.
(19) Ruck, S. von.—*Ibid.*, cxxxvii, p. 536.
(20) Vaughan, V. C.—'Tr. Assn. Am. Phys.,' 1911, xxvi, p. 218.
(21) Wolff-Eisner A.—'Ophthalmic and Cutaneous Diagnosis of Tuberculosis.' London: Bale, Sons & Danielsson, 1908.

A CASE OF INTERSTITIAL KERATITIS.

By J. Allan, M.D.

The following case ran a fairly typical course, but, as it presented one or two features of more than ordinary interest, its record may be permitted. The case was that of a school boy, aged 13 years, who first came under observation in the summer of 1911. The

history was that his eyes had been inflamed for one month and that his sight had recently been rapidly failing. On examination it was seen that he had interstitial keratitis, both eyes being affected. As the appearances were typical they need not be described.

But the diagnosis of interstitial keratitis is only a partial diagnosis—the underlying causative factor must be sought for. This eye condition is frequently attributed to syphilis, and in many cases this supposition is correct, but in the present case there was not the slightest evidence to support the specific nature of the disease. The family history was good. There were two other members in the family, both healthy children. The patient had not previously had any severe illness and he presented none of the stigmata of syphilitic infection. In spite of the fact of all being against the specific origin of the disease he was first tried with anti-syphilitic remedies but without effect. Not only was the condition not improved, but it became much worse. I think this very fact was not without diagnostic import, for a disease of specific nature will hardly "fail to respond" to a fair trial of the usual remedies. I don't say "fail to be cured," because I only mean to indicate that the fact that there was not the slightest improvement under anti-syphilitic treatment was of significance.

This signal failure with anti-specific remedies led one to seek for some other causative factor. It was suggested that the condition was tuberculous and the boy was given the syrup of the iodide of iron. The evidence in favour of its tuberculous nature was not very strong. There was no evidence of tubercle in the lungs or in other parts of the body. Moro's tuberculin test was carried out, but one could hardly say there was a positive reaction. A very faint erythema at the site of inoculation at the end of forty-eight hours was the only reaction which occurred. A certain amount of improvement followed this second treatment, but the condition again became stationary. At this time a trial was given to guaiacol applied to the skin. The treatment is carried out in the following manner: The patient is kept strictly in bed between blankets, so that there will be no risk of his getting a chill. The anterior surface of the abdominal wall is generally chosen for the application of the mixture which consists of equal parts of guaiacol and olive oil. An area (one foot square) of the site indicated is painted with this mixture, about one and a half or two drachms of which are used for one application. The portion of skin painted is covered with oiled silk or other material of an impervious nature, and superimposed on this is a layer of cotton-wool, and if thought necessary, can be secured by means of a binder.

One effect of the guaiacol will be to produce sweating—hence the reason for carefully guarding against chills. It is important that the bowels should be kept well opened, and therefore the administration of calomel followed by a saline aperient is indicated. It is customary to give the mercurial purge in the evening after the painting with guaiacol has been practised earlier in the day. The painting may be carried out several times, and in this case three applications were made, an interval of forty-eight hours being allowed between each painting. The boy tolerated the treatment well, and no untoward effects, local or general, were noted. I don't know if intolerance would have been exhibited had the guaiacol been given more frequently, but I have always thought it wise as a precautionary measure to intermit a short time between each application.

After this treatment had been tried the eye condition very markedly improved and there has been no relapse. The recovery of vision has been remarkably good in one eye. During the acme of the attack of interstitial keratitis about the end of last year (1911), the boy was to all intents and purposes blind. Vision was reduced to "hand reflex," and he had to be led about. At the beginning of this year the sight in the right eye began to improve and it has steadily progressed since then. In March of this year vision of that eye was noted as being $\frac{6}{36}$, and when the youth was seen a few weeks ago vision was registered as $\frac{6}{9}$. The left eye is not so satisfactory, but I question if one can hope for very much improvement in that eye, for there is the history that the sight in that eye has always been bad, there having apparently been a slight divergent squint of the left eye. The chances are that the eye is partly amblyopic, and vision will always be defective. The scarring left by the keratitic condition has not cleared up so well as on the other side. With the left eye the patient sees the test-cards on the wall at a distance of six metres and he can made out black marks on them, but he cannot quite distinguish individual letters. Vision is therefore not quite equal to $\frac{6}{6}$. This probably represents the maximum recovery to be expected in that eye, although by practising the eye it is possible some further improvement might take place. In July last I did a retinoscopy to see if there were any refraction error, but the examination indicated that there was none. Under atropine there was found about 1·5 dioptres of hypermetropia, but when allowance is made for the effect of the mydriatic this really means that the eye is emmetropic. When he was afterwards tried with weak lenses (both convex and concave) no improvement of vision was recorded.

It is really wonderful how great is the power of recovery in the eye. Anyone who saw the patient a year ago could hardly have believed that the keratitic process would clear up so well. He is also in much better general health. During the earlier months of his eye affection his general state of health was not satisfactory, but it was difficult to attribute to any particular organic disease. The boy was thin and rather anæmic, but he had grown very rapidly, and this probably had something to do with his poor general condition. The family medical attendant reported that the boy had albuminuria, but this was evidently only temporary. I tested his urine every second day for some weeks and on no occasion did I find the slightest trace of albumen. The boy has now been back at school for about six months; at first he only attended to listen to the class lessons, but recently he has been permitted to do some reading and writing. No bad effects have followed this gradual return to visual work.

British Medical Association.

SECTION OF DISEASES OF CHILDREN.

Eightieth Annual Meeting, held in Liverpool, July the 24th-26th, 1912.

After-results of Major Operations for Tuberculous Disease of Joints.—Mr. H. J. Stiles read a paper on the results of 205 resections of large joints performed by him at Edinburgh between 1901 and 1911.

Knee.—The best results had been obtained in this joint. Sixty-three excisions had been performed, of which 38 had been traced. Average age at operation, five years; average duration of disease before operation, fifteen months. Sixty-two per cent. were below six years old, the remainder were under twelve years. In 23 cases bone disease was present, in 32 there was an abscess or sinus. Primary union resulted in 53 cases; in 12 subsequent amputation was required. There were 4 deaths—1 from measles, and 3 from generalised or meningeal tuberculosis. In all there was advanced disease at the time of operation. In all the cases traced the general health was good and the patient could walk without support.

Hip.—Of 59 cases operated on, 40 had been traced. In 19 the results were good; 12 had died from general or meningeal tuberculosis. In 3 subsequent disarticulation was required; 5 required further operations for slight recurrence.

Elbow-joint.—Of 54 cases operated on, 34 had been traced. In 10 the results were good. Six had died from general tuberculosis, 1 required amputation. In 7 the limb was somewhat flail-like, in only 1 of these was the function unsatisfactory.

Ankle-joint.—Of 29 cases operated on, 25 had been traced. Three had

died, 2 from general tuberculosis; in 6 amputation was subsequently required; in 15 the results were good.

Dyspepsias of Children after the age of Infancy.—Dr. R. Hutchison said that these might be due to disorder of function (1) in the stomach, (2) in the intestine, (3) in the liver. Clinically these disorders often existed in combination. *Gastric dyspepsia.*—Dyspepsia from organic disease of the stomach, such as ulcer, malignant disease or stenosis was rare in childhood. Functional gastric disorders might affect (*a*) secretion, (*b*) motility, (*c*) sensibility. Owing to the absence of test-meal evidence it was difficult to determine the frequency of diseases of secretion. A defect of motility (gastric atony) was probably the commonest functional affection of the stomach at this age. *Intestinal dyspepsia* was probably the commonest form of digestive disturbance in childhood, and produced such symptoms as colic, flatulence, constipation and diarrhœa and food fever. It was probably due to excess of carbohydrates in the food. *Hepatic dyspepsia.*—This might be inferred when dyspepsia was associated with a comparative absence of colouring matter in the stools. Probably the "mucous disease" of Eustace Smith was a combination of gastric atony and hepatic inadequacy.

Ætiology.—Congenital neurasthenia was an important factor, but dental caries was not. Defective mastication and bolting the food were, however, a frequent cause. Defects in diet and over-pressure at school were often responsible for dyspepsias in children. *Treatment.*—Change of air was of more importance than change of diet. Over-use of carbohydrates was to be avoided. Drugs were of minor importance. Mild purgatives and alkalies were the most useful.

Unusual Malformation of the Anus in an Infant.—Mr. G. H. Edington (Glasgow) reported this case in an infant aged 2 days. The anal depression was shallow and had no communication with the bowel. The rectum terminated close to the anus, and from it a fistulous track led to an opening at the base of the scrotum from which a little meconium escaped. No sphincter ani was present.

Tuberculous Disease, and Tuberculous Infection in Infancy and Childhood.—Dr. C. Paget Lapage (Manchester) said that one half of all cases at the Manchester Children's Hospital examined post mortem showed macroscopical evidence of tuberculosis in the abdominal or thoracic glands. Definite lesions of mediastinal glands or root of the lungs were found in more than half of 120 examined. Only 8 showed apical involvement. The X rays showed positive infection in 26 cases where physical examination was negative and in 56 where it was doubtful.

Fibrous and Fibro-cystic Osteitis.—Mr. R. C. Elmslie distinguished (1) localised fibrous osteitis; (2) localised fibro-cystic osteitis; (3) general fibrocystic osteitis (von Recklinghausen); (4) cystic osteitis. Spontaneous fracture was usually the first symptom of cystic osteitis; swelling or deformity from bending usually appeared first in fibrous osteitis. Diagnosis from endosteal tumour or a central abscess could usually be made without exploration by consideration of the following points: In cystic disease there were (1) no alteration in the length of the bone, and (2) absence of pain or swelling, perfect function (until fracture occurred), and absence

of muscular wasting. The X rays showed a cavity in the centre of the bone, not divided by trabeculæ as it was in fibro-cystic disease. Treatment should consist in curettage and crushing in the cyst-wall. In fibro-cystic disease the deformity could be remedied by osteoclasis or osteotomy.

The following papers were also read, "A Method of Operating for Webbed Fingers," by Mr. A. H. Tubby; "Spasmodic Contraction of the Peroneal Muscles in Flat Foot," by Mr. G. C. E. Simpson and Mr. N. Dunn (Liverpool); "Operative and Post-operative Treatment of Spasmodic Flat Foot," by Mr. T. R. Armour and Mr. Dunn (Liverpool); "Physiological Scoliosis," by Prof. M. Jansen (Leyden); "Some Principles of the Treatment of Lateral Curvature of the Spine by Exercise," by Mr. T. S. Kellett Smith (Eastbourne); "A Recent Case of Lorenz Operation; Demonstration by X rays of the Development of the Acetabulum," by Mr. W. S. Houghton (Dublin); and "A System of Printed Anamnestic Questions for Children Out-patients," by Dr. F. C. Eve (Hull).

Royal Society of Medicine.

SECTION FOR THE STUDY OF DISEASE IN CHILDREN.

Friday, October the 25th, 1912.

Mr. A. H. Tubby, *President, in the Chair.*

Tetanoid Spasms.—Dr. Edmund Cautley showed a male child who had been born on September the 4th at term, without difficulty, and brought up on milk and barley-water. Since ten days of age he had had attacks of rigidity about every half hour. The mouth was said to be clenched, the neck rigid, but the head not retracted, and the hands clenched. He took food with difficulty and regurgitated some through the nose during the attacks. The child's nutrition was good. There was no indication of sepsis, and only a few curds were present in the stools. During the attacks the whole of the upper half of the body became rigid, the neck muscles extremely so, and the head was slightly retracted. The eyes were closed and the mouth could be opened very little. The fontanelle did not bulge. The hands were flexed at the wrists and the fingers and thumbs hyper-extended, not assuming the attitude characteristic of tetany. The toes were hyper-extended. Since admission the attacks had become less frequent and less severe.

Partial Aphasia.—Dr. Edmund Cautley showed a female child, born March the 25th, 1909, who had been admitted to the Belgrave Hospital for Children on July the 29th, 1912. For twelve days she had had slight cough, and for six days drowsiness and anorexia. On July the 28th there was general twitching, possibly a fit. On admission she was drowsy and uttered occasional cries. There was no fever. The pupils were dilated and sluggish and there was slight convergent squint. The head was a little retracted and the neck muscles rather stiff. The legs were flexed at the hips and knees, and the child resented them being straightened. There was

moderate general bronchitis. She afterwards developed flaccid paralysis of the legs. Knee-jerks normal. Plantar reflex extensor on the left, flexor on the right side. Cerebro-spinal fluid was under considerable pressure, clear, and contained very few cells. The child uttered an occasional meningeal cry. On August the 26th she took more notice and moved arms about, but could not speak.

She had steadily improved and gained weight, but spoke in a somewhat drawling manner. She was quite intelligent.

The diagnosis lay between encephalitis and serous apoplexy.

Congenital Syphilis; Hæmaturia.—Dr. J. Porter Parkinson showed a girl, aged 8 years. There were seven other children; the first was born dead, the second was a seventh-month child and lived seven hours, the third child suffered from epileptic fits, and the others were presumably healthy. Three weeks before admission the patient had jaundice, vomiting, and diarrhœa, and the urine was red in colour, and there was some swelling of the face and limbs. This passed off, but reappeared, and the child was brought to the hospital a week later.

On admission she was pale, with a slight earthy tinge of face. Slight œdema of the eyelids and ankles. The heart, lungs and abdomen were normal. The blood-pressure was 115 mm. The urine was reduced in quantity, 8 to 10 oz. daily, specific gravity 1020, a considerable quantity of blood and a small amount of albumin. Microscopically no casts were seen, only blood-cells and a few epithelial cells. There was a small linear scar on the lower lip. The Wassermann reaction of the blood was strongly positive; on this account she was having mercurial inunction. The blood in the urine rapidly diminished, and neither blood nor albumin were present after first week in hospital.

The cerebro-spinal fluid was negative to the Wassermann test.

Congenital Family Cholæmia.—Dr. F. J. Poynton showed a girl, aged $8\frac{1}{2}$ years, who was admitted for an exacerbation of jaundice from which she had suffered since birth. She had always been delicate and subject to these exacerbations on slight indisposition, particularly in cold weather. Father and one sister jaundiced also. One sister died at four months with jaundice and convulsions. Skin, conjunctivæ, and mucous membranes definitely bile-tinged. Motions normal in colour; urine occasionally contained urobilin, but never bile-pigment. Spleen palpable; had been getting much smaller during stay in hospital. Blood-serum free from urobilin or bile-pigments. Wassermann test negative. Red cells (September the 28th), 3,711,250; white cells, 11,200; hæmoglobin, 56 per cent.; colour index 0·75. Percentage of "hæmaties granuleuses" in red cells 8 per cent. (September the 26th); 11 per cent. (October the 4th). Fragility on four separate occasions, 0·6, 0·65, 0·65, 0·65.

Dr. C. R. Box showed a similar case for which excision of the spleen had been done with benefit.

Genu Valgum due to Rarefaction and Deformity of the Shaft of the Femur.—Mr. P. Maynard Heath showed a girl, aged $5\frac{1}{2}$ years. She suffered from severe right genu valgum but could walk. There was no history of injury, but she had been very much neglected in early childhood. She showed obvious signs of rickets (shape of the head, rosary, enlarged epiphyses). She was very pale and nervous. The chief deformity was due

to a sharp bend in the shaft of the right femur—about 4 in. above its lower extremity. An X-ray photograph showed that at this joint the bone was so rarefied as to be practically translucent. The rarefied area was not sharply outlined, and there was no evidence of cyst formation. There was some laxity of the ligaments in the right knee, and a well-developed Macewen's spine at the point of attachment of the internal lateral ligament to the tibia. There was very little deformity about the left knee, but a well-marked coxa vara on each side and some deformity of the upper extremity of the right humerus. X-ray pictures in these situations did not show areas of rarefaction.

Cerebral Maldevelopment (? Sclerosis), with Infantilism and Idiocy.—Dr. Reginald Miller showed a boy, aged $8\frac{1}{2}$ years; born at full term by instrumental labour; first child. Appeared normal at birth but did not develop properly; grasped nothing in fingers until $3\frac{1}{2}$ years old. Teeth erupted from twelfth month to third year, but rapidly decayed, and most were extracted when four years old. Height 35 in., weight $22\frac{1}{4}$ lb., circumference of head $17\frac{1}{2}$ in. Face senile in appearance from falling in of mouth. Testicles partially undescended, left small. Could not walk or talk; never cried. Feet inclined to cross, hand and fingers hyper-extended; tremor of lips and hands. Dirty in habits, very destructive. By retching efforts brought food up into mouth, and unless controlled produced vomiting by forcing fingers down his throat; the amount of this vomiting daily was considerable. Wassermann test negative.

Skiagrams (Dr. Harrison Orton): Long bones small, but otherwise normal. Mandible small and senile in type; only five teeth of second dentition visible unerupted.

Coxa Vara.—Mr. Duncan C. L. Fitzwilliams showed a boy, aged 7 years. He had limped ever since starting to walk, and the right leg was said to always have been shorter that its fellow. The apparent shortening was about 4 in., the real shortening fully an inch. The condition was extremely like a congenital dislocation of the hip, for the whole of the right limb was smaller than the left; this was especially well seen in the feet. The X ray showed an extreme degree of coxa vara, probably congenital in origin. An attempt to place the limb in an adducted position after subtrochanteric division of the bone had only been partially successful.

Traumatic Pancreatic Cyst.—Mr. T. H. Kellock showed a girl, aged 11 years, who was knocked down by a horse in March, 1912, and said she was kicked by the horse in the abdomen. She was admitted to hospital almost immediately afterwards, somewhat collapsed, and complaining of pain and tenderness in the left hypochondrium. The muscles in that region were very rigid, and it was thought that there was some fulness in the region of the spleen; there were no external marks of injury. The case was taken to be one of slight rupture of the spleen. Nothing was done surgically, the child gradually improved, and was sent to a convalescent home about a fortnight later, there being still a little increased resistance to palpation in the left hypochondrium. She remained at the convalescent home for three weeks, and then returned to her home and attended school apparently quite well. With a number of other children she was, one day, examined by the school medical officer, who found she had an abdominal tumour; of this the child was unaware.

Re-admitted to hospital September the 14th, 1912, apparently in perfectly good health, a tumour was visible as she lay on her back or stood up, occupying the left hypochondrium; it was tense, fluctuating, fixed, and not tender on manipulation; extended to the right beyond the middle line of the body; was resonant above, but quite dull on percussion; at its central part resonance could be obtained behind it in the left lumbar region. The temperature was normal, and there were no abnormal constituents in the urine.

A few days after admission an incision was made through the upper part of the left rectus muscle into the abdomen and the cyst exposed. It was found to be retroperitoneal, pushing the stomach upwards and the transverse colon downwards A trocar and cannula were inserted, and 50 oz. of greenish, opalescent fluid escaped; it was alkaline, and on examination proved to be pancreatic. A finger passed behind the cyst detected the left kidney in its normal position; there were thought to be a few adhesions round the spleen. The opening in the cyst-wall was enlarged and a finger passed into it; the interior of the cavity felt rough and granular, and the finger could be made to reach in front of the spinal column and beyond the middle line. The edges of the opening into the cyst were sutured to the abdominal wall and a large drainage-tube inserted, the edges of the abdominal wound being closed round this; a long tube was added to the drainage-tube leading into a bottle by the side of the bed.

During the following twenty-four hours the temperature rose to 102° F., and on the third day to 103° F., but then rapidly fell to the normal. Only 3 oz. of fluid escaped by the tube into the bottle, and as none appeared to be collecting in the cyst, the tube was shortened on the fourth day, and removed altogether two days later, when the opening rapidly closed; the rest of the wound having healed by first intention.

The patient was discharged on October the 8th.

Ocular Torticollis.—Mr. Sydney Stephenson showed a case which he said was strictly comparable with cases where patients endeavour to eliminate the diplopia produced by paralysis of one of the external muscles of the eyeball by a compensatory carriage of the head, which may be so characteristic that the muscle affected can almost be diagnosed from that symptom alone.

Girl, aged 9½ years, was brought to hospital for children on August the 29th, 1912, with the history that she had been treated for some months by electricity for torticollis. The child had carried her head on one side since she was twelve months of age, and the condition had not become worse since then. She had had no illness other than measles at two years of age. She belonged to a family of nine children, of whom one died of pneumonia at three years, one is mentally unsound, and a third suffers from "rheumatism and a bad heart."

In the child's habitual attitude the head was inclined towards the right shoulder, forming an angle of about 30° with the vertical. It could be straightened instantly at the child's will. There was no tension on the sterno-mastoid muscle, no twisting of the head, and no asymmetry of the face, points in which the condition offered an instructive contrast with cases of ordinary torticollis. There was no obvious deformity of the skull. The spinal column was slightly inclined to the right in the dorsal region, and to the left in the lumbar region. The condition showed the usual accompaniments of a right dorsal curve.

With the head in the abnormal position the right eye was often free from squint, but at other times it was inclined downwards for from 8° to 10° (strabismus deorsum vergens). But as soon as the head was straightened the other (left) eye deviated upwards to a corresponding amount (strabismus sursum vergens). The investigation of double images was rendered untrustworthy by the nervousness of the child, but as far as could be made out, when the head was tilted there was usually no diplopia, and when it was straightened double images were seen. Apart from the squint the eyes were healthy.

Lateral Sinus Thrombosis; Operation; Recovery.—Mr. Philip Turner showed a boy, aged 14 years, who was admitted on July the 8th for headache and discharge from the left ear. The discharge from the ear had been present for eight years, and had appeared during an attack of typhoid fever. The acute trouble appeared about a week before admission after a visit to a swimming-bath. The left side of his neck became stiff and painful, and he had a shivering fit. Since then he had one or more rigors daily until admission. When seen his temperature was 104° F., and pulse-rate 128. A diagnosis of lateral sinus thrombosis was made. The antrum and mastoid cells, when opened, contained pus, and the posterior wall of the antrum was found to be destroyed, exposing the posterior fossa. A radical mastoid operation was rapidly performed, and the posterior fossa thoroughly exposed. The wall of the lateral sinus was sloughing and pus was oozing from a small perforation in this. The sinus was opened for an inch, and, after septic clot had been scraped away, bled freely from its upper end. The internal jugular was then ligatured. After the operation rigors occurred daily for seven days, while for a further two weeks there was a daily rise of temperature to about 103° F., with a feeling of chilliness without shivering. After the operation the left cheek became swollen and tender; two weeks later this was incised and about 2 oz. of pus were evacuated, the facial vein being seen traversing the abscess cavity. Double optic neuritis was present at first, but this had completely cleared up by the time he left the hospital. The temperature fell to normal twenty-three days after the operation, from which time convalescence was uneventful. For three weeks there was a cough with muco-purulent expectoration and physical signs of bronchitis. Cultivations of the pus showed the presence of *Bacillus pyocyaneus*, *pneumococcus*, and *Streptococcus longus*.

(?) **Anterior Poliomyelitis.**—Dr. T. R. Whipham showed a girl, aged 7 years, who presented an atrophy of the muscles of the forearms, especially on the left side. The wasting was more marked in the flexors than in the extensors. The hands were small, and there was marked wasting of the muscles of the thenar and hypothenar eminences. The interossei were also affected. The reflexes and sensation to all stimuli were normal. The upper arms were unaffected, and there was no abnormality elsewhere. The condition was first noticed when the child was three months old, and did not seem to have progressed since. It was not ushered in by any illness. The patient was a full-term child and a vertex presentation. The labour was easy and without instruments. There were no other cases of muscular wasting or paralysis in the family.

Deficient Foramen Ovale Septum.—Dr. Alexander Morison showed a specimen removed from a male child aged 5 months, who was admitted to

the Great Northern Central Hospital on April the 29th, 1912, suffering from difficulty of breathing, with signs of bronchitis and a systolic cardiac bruit. Bruit apical, loudest on left posteriorly. Also exhibited cantering rhythm at apex. Condition regarded as cardiac malformation. No cyanosis. Pulse-rate 132; rhythm regular. Respirations 32 to 38. Temperature normal. Death on May the 29th, 1912. Necropsy the same day. Organs generally presented no abnormality beyond passive congestion. Lungs showed scattered broncho-pneumonia patches with collapse. Heart: All the chambers were enlarged and hypertrophied; this most marked in right auricle, which exhibited the somewhat rare abnormality of deficient septum, as distinguished from patent foramen ovale; that is, the whole auricular septum below the normal upper level of the foramen ovale was absent, the lower edge of the short curtain running from the mouth of the coronary sinus to the septal line. Thus, what has sometimes erroneously been called a largely patent foramen ovale existed. All the cardiac valves were normal. The ductus arteriosus was patent, the pulmonary artery normal, and the aorta, in a minor degree, hypoplastic, but furnished with its normal complement of valves.

Professor Keith states in his Hunterian lectures on cardiac malformation, based upon the examination of a large number of specimens collected from the London hospitals, that he had only observed this defect in five cases, and mentions the fact that the Royal College of Surgeons' Museum does not possess an example.

Tuberculous Right Kidney from a Child aged 12 months.—Dr. Edmund Cautley showed a specimen. Such a marked example of the disease is uncommon at this early age. It came from a girl, who was born on September the 22nd, 1911, and died on October the 14th, 1912. She was the seventh child—three having died—of apparently healthy parents, and had been breast-fed for eleven months, and then brought up on milk and a proprietary food. At six weeks she had bronchitis. Previous to admission to hospital on September the 23rd she had had pertussis for three months and she still whooped. For two weeks the breathing had been more difficult. She took food badly, vomited on cough, and had a daily action of the bowels. Examination revealed a large, soft, tense, elastic tumour in the right lumbar region, extending down as far as the anterior superior iliac spine, and pushing the liver forward and to the left. The liver, especially the left lobe, seemed enlarged. The spleen was easily felt. A few small glands, anterior to the tumour, were distinctly palpable. The child was much wasted, had four teeth, and was slightly rachitic. No pus or tubercle bacilli were found in a catheter specimen of the urine, and von Pirquet's reaction proved negative. The tumour increased rapidly in size, and presented a soft, fluctuating swelling over the end of the last rib. An incision was made in this region and about 14 oz. of sweet, sterile pus evacuated. Death ensued a few days later from asthenia. The temperature was irregularly febrile throughout.

The case was admitted as one of renal sarcoma. Alternative diagnoses were tuberculous kidney, pyonephrosis, perinephritic abscess, and localised tuberculous peritonitis.

Post mortem there was found extensive caseation, not breaking down, of the anterior half of the upper lobe of the right lung, and two small, softened, caseous bronchial glands, as well as some other small caseous mediastinal glands, but no general dissemination. The liver and spleen were enlarged.

There was no peritonitis. The right kidney was much enlarged and the upper half extensively caseous. It communicated with the remains of a post-nephritic abscess-cavity. Two mesenteric glands were markedly caseous and a few others distinctly enlarged.

Notes on a Case of Precocious Development in a boy, aged 6 years, with photograph.—Dr. E. C. Willaims (*v.* page 529).

Philadelphia Pediatric Society.

October the 8th, 1912, Theodore Le Boutillier, M.D., President.

Diabetes.—Dr. G. Victor Janvier showed a girl, aged 6 years, with diabetes, who had been observed at the Children's Dispensary of the University Hospital off and on for six months. The original diagnosis had been made at some hospital in New York in September, 1911. She gave the typical history of intense hunger, thirst, enuresis, nervousness, restlessness and languor. She was pale and much emaciated, her abdomen was distended and tense, with spleen just palpable. She weighed 37½ lb. Upon small doses of Epsom salts and an attempt at a rigid diet her weight fell to 35 lb. Examination of the urine showed 16 per cent. sugar, but no acetone or diacetic acid. Dr. Janvier emphasised the almost invariable hopelessness of juvenile diabetes, in spite of every measure. There was no hereditary taint or family idiosyncrasy. Diet was impossible, as the mother was most ignorant and unwilling and the home surroundings were hopeless.

Dr. R. S. McCombs spoke of a family in which two children were affected by diabetes. One died at the age of seven years, and at the present time one aged five years was affected. There was a history of diabetes in the mother's family. Heredity seemed to be a causative factor.

Dr. J. P. Crozer Griffith said that in his experience these cases had almost uniformly been unfavourable. He recalled only one favourable case in which sugar disappeared from the urine while the child, aged 5 years, was taking antipyrin. He believed diabetes to be probably more common in infancy than was realised. He spoke of a case of glycosuria in a baby of 3 months with an intra-cranial tumour. He also referred to a case in a baby aged 17 months, in which the condition was discovered accidentally by the examination of the urine.

Dr. Janvier, in closing the discussion, emphasised the importance of routine examination of urine in children, and also the importance of always differentiating between a diabetic glycosuria and true diabetes.

Intussusception.—Dr. W. Estell Lee showed a baby, aged 6 months, who had been operated upon ten days before. Dr. Howard Childs Carpenter, who referred the baby to the surgical service of Dr. Edward B. Hodge at the Children's Hospital, gave the following history. He saw the baby September the 26th. A healthy breast-fed baby had been taken suddenly ill on the 23rd, with vomiting, diarrhœa, prostration and slight fever. From September the 24th to the evening of the 25th the bowels had not moved except for the passage of blood, and thehild had vomited repeatedly, and was.

greatly prostrated. During the night vomiting entirely stopped and the baby had two good-sized bowel movements of semi-liquid fæces, without blood. As the baby did not look ill and abdominal examination was negative, diagnosis of spontaneous cure of intussusception was made. At six o'clock that evening all symptoms suddenly returned. The infant was greatly prostrated, vomited profusely, and passed fresh blood from the rectum without fæces, but with considerable tenesmus. Rectal examination was negative, but a tumour could be palpated in the right side of the abdomen, principally in the right upper quadrant. Diagnosis of recurring intussusception was made and the child sent to the Children's Hospital for operation. On admission the child was in remarkably good condition; fæcal vomiting, bloody discharge from rectum and palpable tumour in the right upper abdominal quadrant were present. At the operation, at nine p.m. the same day, the tumour was found to be an intussusception of the ascending colon, three inches long, with about an inch of the appendix protruding from the neck of the intussusception Slight traction by Dr. Hodge to the neck and pressure upon the apex easily reduced the intussusception. A suture was then passed through the base of the cæcum and the parietal peritoneum of the right lower abdominal quadrant. The abdominal wound was closed with through-and-through silkworm-gut sutures and a continuous catgut fascial suture: time, twelve minutes. Morphia was given immediately after operation; nothing by mouth for twelve hours, then albumen-water and condensed milk. The third day the bowels were opened with an olive-oil enema, after which breast-feeding was resumed. The baby had remained well since.

Abdominal Tuberculosis.—Dr. Horace J. Williams, by invitation, showed this child.

Dr. Lee said that when he saw this child there had been complete intestinal obstruction, probably due to adhesions between the abdominal mass and the bowel, which was bent upon itself. These symptoms had wholly disappeared now.

Alopecia Areata.—Dr. Marianna Taylor showed an Italian child, aged 5 years. He was breast-fed, but had had convulsions at seven months when teething. The family history was absolutely negative, except that a paternal uncle suffered from a similar condition, dating from trauma. Three years ago the boy fell, striking the back of his head, producing a scalp wound. His hair came out gradually, beginning at the margins, progressing steadily until absolutely none remained. He had already been treated with electricity and with stimulating applications with good results; but the condition always recurred after a few months. His scalp was bald and glazed; eyebrows lacking, but eyelashes present. General physical condition was good. A stimulating lotion containing cantharides and capsicum was prescribed, and later a chrysarobin ointment, gr. xx to the ounce. The hair was returning slowly under this treatment. The case was apparently trophoneurotic in type, the loss of hair having begun at the margins, not in patches as was nearly always the case.

Gastro-enteritis with Interesting Complications.—Dr. John F. Sinclair reported this case, showing clinical and weight charts. The girl, aged 8 months, was admitted to the Babies' Hospital on July the 15th, with a diagnosis of ileo-colitis. She had always been difficult to feed, was

undeveloped, and had been having loose, green stools, with curds and mucus for five weeks. Fever had been noted. At the age of five months she had had pertussis. Various milk formulæ and condensed milk had been tried with indifferent results. Vomiting had been a prominent symptom from the first. During her two months in the hospital she developed cellulitis of the scalp, lobular pneumonia and vaginitis. She showed a marked tendency to subnormal temperatures. There were thirteen recorded rectal temperatures below 96° F.: four were between 95° and 96° F.; four between 94° and 95° F.; two between 92° and 93° F., and on three occasions the temperature could not be recorded on thermometers which registered temperatures as low as 92° F. Accompanying these periods of subnormal temperature the weight chart showed marked losses. The baby took its food poorly and did not even properly assimilate what was taken. Prostration was marked, and the infant appeared to be in a moribund condition. The treatment consisted in efforts to maintain body heat by every means available, appropriate stimulation and alimentation *per rectum* as well as by mouth. The ileo-colitis was combated by an initial dose of castor oil followed by colon irrigations. Cellulitis of the scalp was treated by incisions and through and through drainage. Lobular pneumonia was combated with mustard paste to the chest and stimulation. Vaginitis was treated by douching with potassium permanganate. Feeding was begun with a 3–6–1 mixture on the second day, raised to a 3–6–1·5 mixture two days later. To this soy-bean gruel was added as the diluent after three days. On the sixteenth day a 3–6–2 mixture was attempted but was not well borne. Casein milk was then employed, beginning with three ounces every three hours, raising the quantity gradually to eight ounces every three hours. Eighteen days were required to accomplish this. On the twenty-fifth day one ounce of 20 per cent. cream was added to the twenty-four-hour quantity of casein milk. In twelve days this was gradually raised to two and a half ounces of cream. In all, casein milk was used for forty days. After that half milk was employed and the baby went home on a mixture of two thirds milk and one third water. The weight on discharge was practically the same as on admission. The baby was doing well at present and continued to gain in weight.

Dr. Le Boutillier said that many infants ran subnormal temperatures 94° or 95° F.—this summer at the Babies' Hospital, when the malnutrition was very marked and the infant taking very little food, with almost total lack of assimilation.

Dr. Eshner suggested that probably the temperature was lowest when assimilation was at its lowest, that it was not so much a matter of nutrition as of chemical and digestive activity.

Dr. Sinclair added that, while the pulse was weak and very feeble at times, it never went above 136; the baby, however, appeared to be dying when the temperature fell so low. These low temperatures always accompanied the greatest malnutrition.

Abstracts from Current Literature.

Medicine.

The importance of caring for deciduous teeth (*'Arch. of Pediat.,'* 1912, xxix, *p.* 1).—**S. W. Van Saun.**—The statistics of the Reading Dental Society show that out of 1883 first-grade children between the ages of six and seven there were 2934 cavities in permanent teeth, 8311 cavities in temporary teeth, 717 putrescent pulps, 476 exposed pulps, 165 cases of malocclusion and 111 of mouth-breathing. Owing to diminished use of the teeth and of the olfactory sense there is a greater tendency nowadays to obstruction of the nasal tract with a deformity of the upper arch, which is best prevented by the preservation of the temporary teeth. Carious, deciduous teeth should be filled in the early stages of decay when the process is not painful. Nutritional disturbances are set up by inability to masticate, and the pathological processes may cause a temporary atrophy of the permanent teeth. It is true that children's food is largely carbohydrate in nature, but from the comparative anatomy of carnivorous and herbivorous animals it is clear that carbohydrate foods need more thorough comminution than any others. In human beings lacking molar teeth many starch grains are evident in the fæces, and in those devoid of cuspids and bicuspids meat-fibres are present. After artificial replacement these fibres disappear. Therefore *all* the teeth are necessary. CHRISTOPHER ROLLESTON.

Primary gangrene of pharynx (*'Arch. ital. d. otol., rin., e lar.,'* 1912, xxiii, *p.* 311).—**L. Leto** records a case in a girl, aged 4 years, who recovered after loss of the greater part of the tonsils and the uvula. Bacteriological examination showed the presence of streptococci, non-virulent for guinea-pigs. Treatment consisted in syringing the throat with 1 in 5000 potassium permanganate and applications of tachiol (silver fluoride) to the gangrenous area three or four times daily. J. D. ROLLESTON.

Some unusual cases of narrowing of the œsophagus in childhood (*'Arch. of Pediat.,'* 1912, xxix, *p.* 485).—**J. L. Morse** describes three cases of the very rare condition known as congenital imperforation of the œsophagus. The first symptom noticed was an accumulation of mucus in the naso-pharynx, followed later by coughing and choking when the child was put to the breast, after which vomiting of milk and mucus occurred. Autopsy showed that the entire lumen of the œsophagus ended in a blind pouch about one third of the distance downward from the epiglottis. Beyond this a fibrous band extended downwards for 2 cm., at the end of which the œsophagus reappeared just before reaching the cardiac orifice of the stomach. The prognosis is hopeless. F. R. B. ATKINSON.

Pyloric obstruction in infants with muscular hypertrophy at the pylorus (*'Journ. Amer. Med. Assoc.,'* 1912, lviii, *p.* 256).—**Lewitt** and **Porter** are of opinion that the type of vomiting in these cases has some prognostic value. Regurgitant vomiting or that which comes on during, or immediately after, a meal is more hopeful than the cumulative propulsile type. The two may occur together, but the less dominant the latter is, the more rapid is the cessation of symptoms. In the reports of cases the type of vomiting is seldom reported in detail, and the writers suggest that more

exact notes of the number of vomitings should be made together with the quantity ejected, its relation to the ingestion of food, and the appearance and odour of the vomitus. It is probable that in nearly all cases the vomiting at first is of the regurgitant type, and that cumulative propulsile vomiting develops coincident with dilatation of the stomach. The less severe the lesion, therefore, the longer is the time that will elapse before the stomach dilates and propulsile vomiting occurs. T. R. Whipham.

Ulcer of the duodenum in a child a month old; death from intestinal hæmorrhage (*'Ann. de méd. et chir. Inf.,'* 1912, xvi, *p.* 229) — **Weill** and **Gardère** found on post-mortem examination of this child an ulcer in the first part of the duodenum, just behind the pyloric sphincter.
F. R. B. Atkinson.

Malignant embryonal adenoma of the liver in the first year of life (*'Jahrb. f. Kinderheilk.,'* 1912, lxxv, *p.* 690).—**A. Peifer** believes that in the liver of small children epithelial new formations can result from embryonal cells, and possess the power of becoming later liver-cells or epithelium of the biliary ducts. He describes a case in a child who died at the ninth month of carcinoma of the left lobe of the liver; on microscopic examination three kinds of cells were found: (*a*) embryonal cells, (*b*) liver-cells, and (*c*) biliary epithelium. At the time of development the author states there is no differentiation between these various cells, and that certain of them can undergo carcinomatous degeneration. He describes numerous cases from the literature to support his contention.
F. R. B. Atkinson.

Emotional jaundice in children (*'Thèses de Paris,'* 1911–12, *No.* 34).—**E. Valleix.**—The thesis contains the histories of eleven cases, one of which is original, in patients aged from 4 to 18 years. Five were males, six females. Valleix's case occurred in a boy, aged 10 years, who was much frightened by being nearly knocked down by a bicycle. The next two days he vomited and had slight pruritis. On the following day the skin became yellow, the urine dark and the stools clay-coloured. The liver and spleen were slightly enlarged. Complete recovery occurred in a week. The condition has been attributed to a spasm of the bile-ducts, to an excessive secretion of bile (polycholia), or to a combination of these causes (*v.* Brit. Journ. Child. Dis., 1911, viii, *pp.* 224, 268, 325). J. D. Rolleston.

Differential diagnosis of abdominal pain in children (*'Centralbl. für Kinderheilk.,'* 1912, xvii, *p.* 1).—**H. Finkelstein** draws attention to various diseases which may give rise to pain and suggest the diagnosis of appendicitis, which is not really present. (1) The pain is frequently not in the abdomen at all but is due to hyperalgesia of the skin reflected from the abdominal organs. (2) Neuralgia of the lumbar nerves due to spinal caries. (3) Fermentative dyspepsia. The pain is moderate, but frequently repeated; usually there is a sensitiveness to pressure along the whole colon, which is slightly protuberant. Motions occur twice or thrice daily, are lighter and softer than normal in some cases, markedly acid, and with a tendency to gaseous formation. Proper diet soon cures the condition. (4) Constipation. (5) Neuropathic children frequently suffer from abdominal pains for no apparent cause. These pains come on suddenly and pass off quickly; vomiting is rare. The recti stand out and neuropathic stigmata are

common. Suggestive treatment, massage, faradisation, etc., usually rapidly bring about a cure. (6) Small herniæ of the linea alba. It is rarely necessary to treat the hernia. (7) Stenosis of the bowel. In some cases only slight meteorism may be present, vomiting may be absent, and the general condition good; only the attacks of pain point to a serious disease. These cases are all cured after long treatment. The author considers the disease is often due to a passing disturbance, a result of peritoneal adhesions from circumscribed peritoneal tuberculosis. (8) Renal colic. This may give rise to abdominal pain, and repeated examination of the urine will be required sometimes for the purposes of diagnosis. F. R. B. Atkinson.

Abdominal distress in children beyond infancy (*'New York Med. Journ.,'* 1912, i, *p.* 1140).—**Le Grand Kerr** finds that the majority of cases in which appendicitis in children is diagnosed are really cases of lobar pneumonia. The most severe type of abdominal pain is due to intussusception. Other causes which the author enumerates and briefly considers of abdominal pain are acute peritonitis, strangulated hernia, renal colic, distended bladder, lead colic, acute rheumatic fever, which in many instances first manifests itself by abdominal pain, and the gastro-enteric and nervous types of influenza. Chronic gastric dilatation is also a common cause, and is frequently undetected. Catarrh of the small or large intestine is the commonest of all causes, and the author emphasises the importance of examination of the abdomen in all cases of so-called "bilious attacks," as otherwise a case of appendicitis may be overlooked. F. R. B. Atkinson.

Gastro-intestinal symptoms at the onset of tuberculous meningitis (*'Thèses de Paris,'* 1911–12, *No.* 42).—**A. Provier**.—Gastro-intestinal symptoms are almost constant at the onset of tuberculous meningitis, the most frequent being vomiting and constipation. Only in rare cases does the disease run its course without any signs of digestive disturbance. The symptoms may simulate typhoid fever, colitis, or cyclical vomiting. There will be all the more likelihood of error if the child has had similar attacks before. Vomiting and constipation at the onset of meningitis are probably due to irritation of the vagus at the base of the skull. Diagnosis is best made by bacteriological and cytological examination of the cerebro-spinal fluid. The thesis contains the histories of twenty cases, eleven of which are original. J. D. Rolleston.

Anorexia nervosa in infants (*'Arch. de méd. des enf.,'* 1912, xv, *p.* 180; and *'Bull. et mém. Soc. méd. Hóp. de Paris,'* 1912, xxxiii, *p.* 111).—**Buffet-Delmas** records a case in a male infant who from the age of twenty-two months was fed by gavage uninterruptedly for nearly three years. The total number of œsophageal feeds amounted to 2050. In the subsequent discussion **Hallé** spoke of an infant under one year who got in a terrible rage at the mere sight of food and had to be tube-fed for two months. **Comby** insisted on the necessity of gavage and isolation to effect a prompt cure in the anorexia nervosa of infants. J. D. Rolleston.

Rumination in children (*'Arch de méd. des enf.,'* 1912, xv, *p.* 768).—**J. Comby** describes five cases of this condition in children aged 39 months, 26 months, 4 years, 27 months, and 2½ years. He recommends the following treatment: Attention to the digestive tract by diet, slow mastication, and alkaline powders, as prepared chalk and bicarbonate of soda, plenty of fresh

air and hydrotherapy, and when the child is old enough, persuasion and psychotherapy. F. R. B. Atkinson.

The large flabby abdomen of infants (*'Arch. de méd. des enfants,'* 1911, xiv, *p.* 561).—**A. B. Marfan.**—This condition must be distinguished from the large tympanitic abdomen. One of its most striking characteristics is the more or less marked relaxation of the abdominal walls in contrast with the tension and hardness of the tympanitic belly. The author formerly thought that this condition was always preceded by serious and lasting digestive disturbance, but he now recognises that it may occur without any such marked disturbance or with merely a slight degree of atonic dyspepsia. It appears, however, most frequently in subjects who for some time have had relapsing gastro-enteric catarrh with more or less marked dyspeptic symptoms in the intervals, or else that kind of dyspepsia with repeated vomiting, obstinate constipation and retraction of the belly which is connected with congenital or spasmodic contraction of the pylorus, or with a more or less generalised spasmodic catarrh of the digestive tract. It is remarkable that when the development of the large belly follows these digestive troubles they become modified, the attacks of diarrhœa become less frequent and shorter, vomiting occurs less often and finally ceases, while at the same time the symptoms of atonic dyspepsia appear. But there are a certain number of cases in which the large flabby abdomen and the accompanying atonic dyspepsia are gradually developed without being preceded by any marked or lasting digestive trouble. At an early age the large flabby belly is only seen in the rachitic and in congenital myxœdema; it is soft and without tension or resistance; instead of a tympanitic note, percussion gives a low muffled sound, in certain areas sharper and of higher pitch. On opening such an abdomen after death the colon is seen to be more or less distended, the stomach often dilated, but to a moderate degree, and sometimes hidden behind the transverse colon; in some cases the liver is large and fatty; more rarely the spleen is enlarged together with the mesenteric glands. These changes may contribute to the large size of the belly, but cannot explain the entire enlargement. The chief factor in its production, however, is a lengthening of the small intestine. Thus its length may be eight times that of the normal height of a child of the same age, often more than nine times as long. The condition is quite distinct from that described by Bednar and Jacobi, in which the sigmoid flexure only is elongated from birth and thrown into folds. The walls of the intestines are often extremely thin, especially the muscular coat. The cause of this atonic lengthening of the intestine and flaccidity of the abdominal wall which together are concerned in the production of the large flabby belly is identical with the cause of rickets. That the rachitic syndrome can produce this atonic relaxation of the abdominal and intestinal musculature is not surprising, if we accept the fact that there is often, during the evolution of rickets, a more or less general muscular atony which is the ordinary cause of the retarded development in this disease. Once established the large flabby abdomen lasts for months and perhaps years. If the lumbo-abdominal perimeter be taken on different days there may be a difference of about 2 or 3 cm., but the soft diffuse tumefaction of the abdomen remains constant. The evolution of the large flabby belly follows that of the rickets itself; in some cases, however, it persists when the osseous deformities have disappeared, but in general after the fourth year there are no traces of it left except where there are marked tendencies to hernia. It is, however, more than probable that certain forms of dilata-

tion of the stomach, of enteroptosis and splanchnoptosis observed in the adult have their origin in a predisposition created by the former existence of a large flabby belly. M. Marfan proceeds to criticise M. Variot's opinions as to the production of this condition. This observer holds that the lengthening of the intestines is only apparent owing to the height of these children being below normal, but the author's observations refer to the normal and not to the actual height. M. Variot considers that the large flabby belly is met with in children who have been insufficiently fed, and under the influence of hunger suck their fingers to such an extent that they swallow a large quantity of air, which accumulates in the colon and distends it either wholly or in part (*see* Brit. Journ. Child. Dis., 1911, viii, *p.* 505). M. Marfan, however, maintains that these distended segments of the colon, as seen by radioscopy, are equally met with in children who have not large bellies, and that it is difficult to understand how the inflation of a segment of the colon can produce a general swelling of the abdomen, flabby, soft and without tension, or how it can cause the concomitant flabbiness of the abdominal walls which is one of the factors which conduce to the formation of this particular kind of enlargement. Moreover, finger-sucking is of common occurrence and so is aërophagy; the abnormality consists in the retention of the air swallowed, and this is caused by some morbid condition of the intestinal walls; the aërophagy is only a secondary factor.

Vincent Dickinson.

Recurrent vomiting (*'Journ. Amer. Med. Assoc.,'* 1912, lviii, *p.* 1538). —**J. A. Storck** states that he has seen twenty cases in the past thirty months. The ages ranged from twenty-eight months to fourteen years. Fourteen occurred between four and eleven years, four above and two below this period. Nervous phenomena were well marked in sixteen cases, ten of which were in girls. All but four were in neurotic families. In two an epileptic aura occurred at times. Among the neurotic cases family histories of joint involvement were obtained. Storck recommends alkalies in the treatment, especially bicarbonate of soda.

J. D. Rolleston.

Cyclical vomiting with acetonæmia in infancy (*'Semana méd.,'* 1911, xviii, *p.* 732).—**Martini** reviews the subject in some detail, and describes the following case: A girl, aged 11 months, breast-fed, was brought to hospital with slight fever, wretched pulse, and smell of acetone in the breath. The smell was more marked on the next day, when vomiting commenced. This was frequent and without apparent cause. The urine could not be collected for analysis, but the odour of acetone could be recognised. During the two days there were no stools. There were no signs of rickets or other constitutional disease. All the organs were normal. The writer rules that the disease, though rare, is found in infants, and considers that the most characteristic sign is the smell of the breath.

M. D. Eder.

A case of acetonæmia (*'Journ. Amer. Med. Assoc.,'* 1912, i, *p.* 1194).— **E. O. Houda** operated on a boy, aged 15 years, for acute appendicitis. Forty-eight hours afterwards the patient became restless, his skin jaundiced and his breath of an ethereal odour. The urine had an acetone odour, and acetone, but no sugar, was found in the urine. Venesection was performed, 500 c.c. of blood withdrawn, and 500 c.c. of normal salt solution with 10 gr. of sodium bicarbonate injected. The patient did not rally, and six hours afterwards the injection was repeated, but with no better results. The

patient died in coma, with a temperature of 103° F. and a pulse of 140. The liver post mortem was large and of a pale colour.

F. R. B. Atkinson.

"Prune-juice" vomiting as a symptom of cyclical vomiting (*'Amer. Journ. Obst.,'* 1912, lxv, *p.* 534).—**R. S. Morris** refers to the presence of prune-juice-like material in the vomit in cases of cyclical vomiting in children. He has seen it well marked in a few cases. It occurs after twenty-four to thirty-six hours of vomiting. Many points of blood changed to a brownish colour appear floating in the vomit, and these increase until the appearance of the matter expelled is wholly that of prune-juice. He recommends, as treatment for cases of cyclical vomiting, large doses of sodium bromide given as enemata, and as a last resort, morphine (gr. $\frac{1}{32}$ to $\frac{1}{16}$) hypodermically.

Frederick Langmead.

Creatinin and creatin excretion in recurrent vomiting (*'Amer. Journ. Obst.,'* 1912, lxv, *p.* 376, and *'Amer. Journ. Dis. Child.,'* 1912, iii, *p.* 209).—**J. C. Sedgwick** claims that in 1910 he showed that creatin is excreted by the subjects of cyclical vomiting, the first case passing 1278 mgrm. of creatinin and 49·9 mgrm. of creatin on the fourth day of an attack. Mellanby has confirmed this finding, and discovered a marked rise of creatin excretion two or three days before the attacks. He also found creatin to be constantly excreted between the attacks. Several new analyses bore out the truth of these findings. He records a table of analyses made in one case which shows, as did that of Mellanby, that the creatin metabolism—that is, the endogenous nitrogen metabolism—is abnormal in recurrent vomiting between the attacks as well as during them.

Frederick Langmead.

So-called delayed chloroform poisoning (*'Clin. Journ.,'* 1912, xl, *p.* 113).—**Edred M. Corner,** in a lecture delivered at the Hospital for Sick Children, Great Ormond Street, gives the results of an inquiry into several cases, thirteen of which ended fatally. He believes that it is impossible to give an accurate prognosis, but the progress of the cases seemed to bear a distinct relation to the action of the bowels or to sickness, suggesting that by these means the patient was getting rid of some of the poison. An investigation into the possible ætiology gave the following results: (1) It can occur after the administration of pure anæsthetics. (2) The duration of the anæsthesia, and therefore, roughly, the quantity of drug employed, does not exert any obvious influence on the incidence of the disease. (3) The nature and duration of the operation apparently has no effect. (4) The presence of a septic focus in the body before operation is more important in this regard than suppuration after operation. (5) A marked fatty condition of the liver is a constant feature in cases which come to autopsy, but histologically no essential differences can be detected between these livers and other fatty livers. (6) The frequency of acetonuria was inquired into, and it was found that mere admission into hospital produced acetonuria in 36 per cent. of children. In another series it was found that if glucose were given about 32 per cent. developed acetone in the urine, whilst of those who had no glucose acetonuria occurred in 34 per cent. After anæsthesia no less than 72 per cent. developed acetonuria. Further, if glucose was administered 70 per cent. developed acetonuria, if it was withheld 73 per cent. developed it. (7) With regard to the anæsthetic employed, chloroform alone was followed

by acetonuria in 67 per cent., chloroform mixed with ether in 86 per cent., ether alone in 66 per cent. (8) Delayed chloroform poisoning is more frequent in children between three and eight years old. (9) The administration of subcutaneous injections of atropine before anæsthesia to prevent the formation of mucus in the mouth and the subsequent absorption of the drug swallowed has no influence in preventing the symptoms. (10) No patient who had already had acetone in the urine before the anæsthetic was administered showed any recognisable sign of increased intoxication. (11) The injection of morphine and atropine three quarters of an hour before the operation had been found to be very successful.

FREDERICK LANGMEAD.

Ophthalmology.

The prevention of blindness and the instruction of the blind child (*'Med. Record,'* 1912, I, *p.* 827).—**G. E. De Schweinitz** pointed out that ophthalmia neonatorum was a potent ætiological factor in blindness. As regards prevention, education was most important, and legal enactments to control ophthalmia neonatorum should be rigidly enforced. As to the care of the blind child education should begin early. The author urged a more thorough study of pupils in institutions for the education of the blind, and urged also that this kind of education would be materially helped if there was an appeal to the principles of modern psychological research. Such psychological researches might furnish certain data which would help to solve the vexed question as to the best alphabet for the blind, and would certainly help to decide whether the mentally deficient or the backward blind child should or should not be included in the general classes of blind children. Several other points in connection with the education of the blind are discussed.

J. ALLAN.

Visual acuity and the Montessori method of instructing children (*'Med. Record,'* 1912, II, *p.* 57).—**S. H. Brown** briefly reviews some of the more prominent features of Mme. Montessori's method of instructing children, and then shortly discusses to what extent a system of this character would interest ophthalmologists, physicians, and those having to do with child culture institutions. Systems such as Mme. Montessori has devised do not exact any very great strain upon the eyes, and thereby such systems enables us properly to develop the visual acuity in children who may be suffering from errors of refraction and undeveloped retinas.

J. ALLAN.

A case of congenital deficiency of cilia and intermarginal area of both lower lids with distichiasis (*'Ophthalmic Review,'* 1912, XXXI, *p.* 138).—**H. M. Traquair.**—The patient, a youth, aged 18 years, applied for advice on account of a feeling of irritation in his left eye, which had troubled him occasionally for about a year, but had recently become worse. He had never previously had anything the matter with his eyes or lids. At the first glance there appeared to be entropion, but on closer inspection it was evident that the lower lids were malformed, as neither cilia nor intermarginal area could be seen by the naked eye. Only after careful examination with a loupe could the condition present be satisfactorily determined. Put shortly, the conditions present constituted almost complete absence of cilia and intermarginal zone together with a minimal degree of distichiasis

in both lower lids. The upper lids were well developed, and no other abnormalities were present. Inspection of the eyes of the patient's father showed a similar condition, only less marked, and inquiries elicited that "small and tender eyes" were a feature of the father's side of the family.

J. Allan.

Congenital ptosis with associated lid movements of the affected eye (*'Ophthalmic Review,'* 1912, xxxi, *p.* 172).—**J. E. G. Thomson** and **W. C. Souter.**—The patient was a bright, keen intelligent girl, aged 9 years. At rest and on looking forwards she shows a slight degree of ptosis of the left upper lid, the lid margin being on a level with the upper margin of the pupil, while the right is about 2 mm. above the upper margin of its pupil. Almost the whole of the left lower corneal margin is seen, but not that of the right. On opening the mouth slowly there is a very faint upward jerk of the left upper lid—this is not quite constant—but on opening the mouth rapidly there is a more obvious upward jerk, not quite constant, disclosing often the upper corneal margin, but not always so much cornea. The lid readily droops again. On working the jaw to the right, however, there is a very marked upward jerk, so that 2–3 mm. of sclera are seen above. This is well sustained and is constant, but is more obvious still when she also looks down, at which time 6–7 mm. of sclera are visible above the upper limbus, while he upper one fifth of right pupil is still covered by its lid. This exaggerated movement is noted when she looks down or converges, with the jaw pushed over to the right, and is almost absent on lateral movements of the eye to the right or left, while it is quite absent with upward movements of the eyes. On working her jaw to the left there is no movement of either upper lid. The authors detail other conditions which give rise to lid movements. There is no facial asymmetry, she has no congenital anomalies, such as nævi, moles, extra digits, supernumerary auricles or club-foot, but over the ulnar side of the extensor aspect of both elbows there are several long, downy hairs, measuring one inch in length. Her feet are always sweaty and cold. She can voluntarily spread out her toes fan-wise, and can make the fifth toe overlap the fourth. There is no history of such a condition among antecedents. The mother has congenital dislocation of both hips, but is otherwise strong and healthy. As the child is illegitimate the authors have found difficulty in tracing the family history. The article is illustrated by four excellent photographs.

J. Allan.

Acquired ocular palsies in children. ? Heine-Medin's disease (*'Hospitalstidende,'* 1912, lv, *p.* 854). —**K. K. Lundsgaard**, in the course of two and a half months, had seen five cases in children respectively aged 13 months, 3 years, and 4 years (three cases). In four the sixth and in one the third nerve were affected. In all the paralysis was preceded by a stage of fever or malaise, and in some by somnolence or gastro-enteritis. The sister of one patient had a febrile attack followed by loss of power in the right leg of some days' duration. The play-fellow of another child had some meningeal symptoms which disappeared in a few days. Acquired ocular palsies in children are rare. Diphtheria and influenza could be excluded, and it is probable that these cases were connected with a simultaneous outbreak of poliomyelitis (*cf.* Brit. Journ. Child. Dis., 1911, viii, *p.* 145). J. D. Rolleston.

A case of recurrent ophthalmoplegia (*'Austral. Med. Journ.,'* 1912, i, *p.* 579).—**J. J. Macmahon** narrates the case of a boy, aged 10 years, in

when two attacks of vomiting at intervals of three months were accompanied by complete ptosis of the right eyelid, marked external squint, and a much dilated right pupil. The ophthalmoplegia gradually improved, but had not completely disappeared at the time of publication.

F. R. B. Atkinson.

A severe case of buphthalmos relieved by operation (*'Ophthalmoscope,'* 1912, x, *p.* 261).—**P. H. Adams** first saw the child when she was about four months old. There was then well-marked buphthalmos in both eyes, the left eye being the worse. Both corneæ were steamy, the anterior chambers deep, and the pupils small and apparently irregular. Tension: Right eye = ∫, left eye = 1. There were, apparently, large vessels running over the irides, and it was concluded that the glaucoma was in this case probably secondary to an intra-uterine inflammation, but, as dilating the pupils increased the tension, eserine was prescribed. At this time the child would follow a light with her eyes. The left eye did not improve, and so an operation was undertaken. The eye was trephined at the lower margin of the cornea and a large piece of iris was removed. Practically the same operation was done on the right side two weeks later. The tension in the left eye increased again and the cornea became rather steamy, and so the author performed a Herbert's flap operation on the outer side. When seen at the beginning of this year the child was found in a satisfactory condition. Both corneæ were quite bright, and the child could apparently see well with both eyes. With the ophthalmoscope the left disc was seen to be cupped, but of fair colour. Both eyes were myopic. Tension normal.

J. Allan.

Amaurotic family idiocy (*'Liverpool Med.-Chir. Journ.,'* 1912, xxxii, *p.* 308).—**F. J. Baildon** records the first instance known to him of the disease occuring in twins. The father had had a large family by his first wife, and the twins, females, were the first children by his second wife. The symptoms first appeared at the end of the second year, and both died one within a month of the other, before the end of the second year. The fundi showed the characteristic changes. J. D. Rolleston.

Six cases of progressive infantile familial amaurotic idiocy (*'Jahrb. f. Kinderheilk.,'* 1912, lxxvi, *p.* 58).—**H. Kowarski** has seen twelve of these cases in two years and describes six others. F. R. B. Atkinson.

Tumours of the brain in children: Tumor cerebri in a girl, aged 5 years, with amaurosis due to atrophy of the optic nerves (*'Arch. f. Kinderheilk.,'* 1912, lviii, *p.* 307). **W. P. Shukowsky** and **A. A. Baron** describe a case of glioma of the brain, almost the only symptom of which was progressive optic atrophy, which led to complete blindness a year before death. F. R. B. Atkinson.

Phlyctenular ophthalmia and its ætiology (*'Journ. Amer. Med. Assoc.,'* 1912, lix, *p.* 1092). **H. Dickson Burns** has studied this disease in negroes more particularly and finds they are especially liable to it. He regards it as a neuropathic phenomenon brought about by an auto-intoxication originating in the majority of cases in derangement of the gastro-intestinal functions and not as the effect of a specific toxin like tuberculosis.

F. R. B. Atkinson.

Tuberculosis of the iris (*'La med. de los niños,'* 1912, xiii, *p.* 115).—**Gelabert** saw a child with three tubercles in the left cornea who improved rapidly under local treatment and injections of Fraisse serum. Shortly afterwards a tubercle the size of a pin's head was noticed in the iris which soon involved the whole iris; three weeks later there was complete loss of sight in the eye, which had to be enucleated. This was the only hope of saving an extension of the disease to the brain. The child has since remained well and is gaining weight. M. D. Eder.

Tubercle of the choroid in tuberculous meningitis (*'Ophthalmoscope,'* 1912, x, *p.* 559).—**W. B. Marple** emphasises the importance of repeated ophthalmoscopic examinations in cases of tuberculous meningitis, otherwise tubercle of the choroid will almost certainly be missed. The author has never found in cases of this nature evidence of exudation on Descemet's membrane, so commonly seen in some other varieties of choroiditis. With few exceptions the choroidal lesions in these meningitis cases have been small, miliary tubercles, round or oval in shape, rarely of an irregular shape, of a greyish or greyish-white colour, and usually without any pigment, as though the retinal pigment epithelium had been gently brushed away, leaving, as Carpenter and Stephenson call it, a "moth-eaten" edge. The tubercles are generally situated in the neighbourhood of the optic disc or yellow spot, within one to three disc diameters from the latter. Papillitis is met with in a fair proportion of cases. In thirteen consecutive cases of tuberculous meningitis which have come under the observation of the author choroidal tubercle was found in all. In the investigation of such cases he strongly advocates the use of the electric ophthalmoscope. A coloured plate and two micro-photographs are included. J. Allan.

Orbital cellulitis from disease of the superior maxilla in children (*'Journ. Amer. Med. Assoc.,'* 1912, lix, *p.* 1020).—**W. C. Posey** describes this condition in a female baby aged 1 year and in a child aged 2 years. Dead bone was found on operation and removed, drainage instituted, and recovery gradually occurred. F. R. B. Atkinson.

Affections of the contents of the orbit after tooth extraction (*'Ophthalmic Review,'* 1912, xxxi, *p.* 160).—**Gutmann** describes three cases in which the orbital contents became affected in this way. The first was that of a boy, aged 12 years, who, a week after extraction of a right upper molar, had a rise of temperature (104° F.). He had bilateral exophthalmos and a great deal of reddish inflammatory œdema of the upper lid. In the palpebral and ocular conjunctiva there was brawny œdema rather than inflammatory injection. The globe was almost immobile. Transillumination showed darkness over the right frontal sinus, on opening which pus was found. No pus in ethmoidal cells. On lumbar puncture only clear fluid was obtained, but the case went on to a fatal termination, with rigidity of the head and high septic fever. On examination post-mortem pus was found in both orbits, rushing out when the roof was opened; on both sides the cavernous sinus was lined with purulent thrombi. Purulent pachymeningitis, particularly over the sphenoid; the pia and ventricles were not purulent. Further, there were abscesses of the lung, pleuritic effusion, and indications of a general septic infection. Evidently, then, a septic process had begun in the alveolus, whether initiated by the use of a septic instrument or by infection subsequent to the operation; this had spread along the lymph-

paths to the right frontal sinus and orbit, thence by septic thrombosis to the cavernous sinus and to the left orbit; meningitis and death had followed. The two other cases occurred in adults. J. Allan.

Hydatid cyst of orbit (*'Ophthalmic Review,'* 1912, xxxi, *p.* 257). —**G. H. Pooley** reports this case in a boy, aged 7 years. When first seen the boy had marked proptosis of the left eye, the lids of which were red and œdematous; the ocular movements were not much impaired, the optic disc was pale and the vision was $\frac{6}{60}$. As the proptosis was increasing the orbit was opened and the cyst excised. Some fifteen months later there was a return of the proptosis, and two small cysts of similar nature were removed from the roof of the orbit. The cysts were examined by a pathologist and proved to be hydatid cysts. J. Allan.

Plexiform neuroma of lid and orbit (*'Birmingham Med. Rev.,* 1912, xx, *p.* 42). **H. Eales** showed a child, aged 3 years, at the Midland Ophthalmological Society, with a congenital growth affecting the right lid, which was enlarged and ptotic, and orbital tissues, and in which hard cord-like masses could be felt. The right eye was enlarged and vision was apparently lost. On microscopical examination the cord-like masses were found to be thickened nerves. J. D. Rolleston.

The ocular complications of mumps (*'Thèses de Lyon,'* 1910–11, *No.* 8).— **J. Tronyo.**—Ocular complications in mumps are more frequent than was formerly supposed. The conjunctivitis of mumps has the following characters: it is usually bilateral, it affects the whole of the mucosa, is never purulent, and is often accompanied by chemosis and palpebral œdema. Keratitis is much rarer; as a rule it is slight, but it may leave opacities. Two varieties of iritis may occur; an acute form leaving no residues, and a chronic form diminishing visual acuity and giving rise to synechiæ. The most serious complication is optic neuritis, which often ends in atrophy. Dacryoadenitis may accompany or follow the parotitis or may even be the only manifestation of mumps. It is characterised by considerable œdema of the lids, especially the upper, and is often associated with chemosis. It is recognised by the existence of a small and tender swelling in the position of the lacrymal gland. Its duration is on the average two to three weeks. Resolution always occurs. Transitory palsies of accommodation and paralysis of the external or internal rectus have been recorded. By some writers they have been attributed to latent diphtheria. Rarer complications are hemeralopia, glaucoma with proliferative retinitis, and episcleritis. The thesis contains histories of thirty-three cases, two of which are original.
J. D. Rolleston.

Vaccine treatment in ophthalmology (*'New York Med. Journ.,'* 1912, i, *p.* 1202). —**J. H. Claiborne** describes a case of a child, aged 6 years, suffering from repeated crops of styes. A culture of *Staphylococcus pyogenes aureus* was made from the pustules and 400 million dead bacilli were injected in the arm as all other treatment had been found valueless. After the second injection the styes disappeared, but 200 millions more were injected as a prudential measure. A few months after the condition recurred, and the same treatment was repeated with the same result. About three months afterwards one stye appeared. The injections were recommenced and a cure seems to have resulted.
F. R. B. Atkinson.

Reviews.

Infant Feeding. By Clifford G. Grulee, A.M., M.D., Assistant Professor of Pediatrics, Rush Medical College, Chicago, etc. Pp. 295, illustrated. London: W. B. Saunders, 1912. Price 13s. net.

We find this volume to be excellently planned, clearly written and well published. The author is at variance with many of the usual American methods of infant feeding, and appears to be a whole-hearted supporter of modern German views. These are very clearly explained in a practical manner. The best feature of the book, indeed, lies in the fact that, in the ground covered, the teaching is quite lucid and eminently practical—most valuable attributes in any text-book. For instruction, however, in the use of special methods much in vogue in this country at the present time, the English practitioner would for the most part look in vain.

The section dealing with the feeding of infants suffering from various diseases is perhaps not so successful as the rest of the volume. R. M.

L'oscillométrie appliquée à l'étude de la tension artérielle chez les enfants. Par Mlle. L. Koessler. Paris: G. Steinheil, 1912.

This thesis is an exhaustive study of the blood-pressure in children as estimated by Pachon's oscillometer. The first chapter contains general considerations on blood-pressure and the instruments used to measure it. In the second chapter previous work on the subject is discussed. The following chapters are devoted to the writer's personal observations on normal and sick children. Tables are given showing the normal tension as determined by the oscillometer from one to fifteen years according to the age, weight and height.

In the classification of diseases the writer adopts Potain's classification of hypotensive and hypertensive affections, tuberculosis, typhoid fever, acute rheumatism and pneumonia being included in the former and nephritis in the latter.

A special section deals with the action of digitalis on the blood-pressure. Of special interest is a paragraph dealing with the blood-pressure of infants under one year, it being shown that sometimes very high records are obtained in enteritis and tetany, due to their being painful affections, accompanied by obvious signs of vaso-constriction. A useful appendix contains lists of normal records of the blood-pressure obtained by various observers. Brief histories of numerous cases are given, illustrated with charts. The thesis is an important addition to the literature, and should prove a valuable work of reference to those interested in sphygmomanometry. J. D. R.

INDEX.

Abdomen, large flabby, of infants, 536
Abdominal girth of infants, alteration caused by diet in, 320
— pain, differential diagnosis of, 554
— — in children beyond infancy, 555
— tumour associated with precocious sexual development, 76
Abrand, foreign bodies in œsophagus, 225
— laryngology in childhood, 82
— stenosis of larynx, 363
Abscesses, multiple, in one kidney, 132
Acetonæmia, 557
— accompanying cyclical vomiting, 557
Acetonuria, 131
— in diphtheria, 131
Achard (**C.**) and **Flandin,** typhoid fever in suckling, 38
Achondroplasic, lesions of inter-articular cartilages in, 506
Achondroplasics, family of, 412
Achylia in hysterical vomiting, 161
Acker, myasthenia gravis, 512
Acuña (**M.**) and **Navarro** (**J. C.**), small bronchial dilatations, 172
— and **Schweizer** (**F.**), hereditary syphilis treated with salvarsan, 182
Adair-Deighton (**C. A.**), four generations of blue sclerotics, 376
Adam and **Watzold,** Parinaud's conjunctivitis (tuberculous), 378
Adams (**P. H.**), severe case of buphthalmos relieved by operation, 561
Adamson (**H. G.**), recurrent herpes of buttock, 42
Addison (**O. L.**), bony growth on skull, 267
— exostosis of inner end of clavicle, 267
— tumour on back, 269
Adeno-sarcoma, renal, death from, 519
Adenoids, 188
— in suckling, 188
— recurrence of, 427
— relation of, to recurrent vomiting, 428
Adenoma, malignant embryonal, of liver in first year of life, 554
Adenopathy (tracheo-bronchial), complications, 464
— — — slowing of respiration in, 464
— — — tuberculous, sudden death from, 464
— tuberculous, radiotherapy in, 474
Adrenalin in treatment of tuberculosis, 476
Adult, varicella in, 36
Adults and children, surgery of, some differences between, 27
Aërophagy in suckling, 227
Afzelius (**A.**), sclerodermia with facial hemiatrophy, 282
Ager (**L. G.**), intra-thoracic tuberculosis, 176
— is phlyctenulosis a manifestation of tuberculosis? 465
Ahmed (**T.**), diagnostic significance of leucocyte inclusions in scarlet fever, 522
Air, cold, in treatment of disease in children, 125
— — fresh, effect of, on blood-pressure in pneumonia, 476
— influence of high external temperature of, on secretory activity of stomach, 227
Air-passages, foreign bodies in, 413
— leeches in, 189
Albee, transplantation of portion of tibia into spine for Pott's disease, 135
Albuminuria absent in girl suffering from anasarca and hereditary syphilis, 374
— and lordosis, 128
— treatment of, 180
Alderton, symptom of mastoiditis, 185
Alexander (**H.**), sarcoma of pelvis, 468
Alfès (**A.**), sclerodermia, 281
Allan (**J.**), interstitial keratitis, 539
— morbilliform rash, 118
Allaria (**G. B.**), effect of hot-air baths in nephritic children, 179
— scarlatinal uræmia cured by lumbar puncture, 130
Alopecia areata, 551
— — frequency of, at different ages, 42
Altitudes, high, favourable effect of, in eczema of sucklings, 41
Amaurosis due to atrophy of optic nerves accompanying tumor cerebri, 561
Amentia and syphilis, 514
Amnesia of fixation and mental confusion, absence of, in case of delirium due to an infection, 327
Amyotonia congenita (?), 29
Amygdalectomy and amygdalotomy, 187
Amyotrophy, progressive family (type, Charcot-Marie), 512

Anæmia, associated with rickets and gastro-intestinal disturbances, 371
— (Von Jaksch) simulated by malaria, 372
— (Leishman's), 373
— peculiar form in infants, 371
— (pernicious) paroxysmal hæmoglobinuria, with blood of type of, 78
— splenic, splenectomy in, 373
— — in children, 371
— — pathology of, 372
— splenica infantum, 372
— splenomegaly, pyrexia, recurrent jaundice and pigmentation of skin, case of, 230
Anæsthesia in tonsil enucleation, 427
Anaphylaxis, therapeutics of, 366
— and pædiatrics, 366
— to cow's milk, 366
Anasarca without albuminuria or cardiopathy in hereditary syphilis, 374
Andersen (K. N.), gangrene in infectious disease, 40
Anderson (J. F.) and **Goldberger (J.)**, period of infectivity of blood in measles, 35
— — recent advances in knowledge of measles, 522
Anencephaly, partial, in hydrocephalus, 510
Angina, necrotic, in scarlet fever, 413
— (non-diphtheritic membranous) in broncho-pneumonia, 466
— (Vincent's), 188
— — destruction of uvula in, 267
— — — — (J. D. Rolleston), 311
Ankylostomiasis, extreme somnolence in, 330
Ano-rectal congenital deformities, 518
Anophthalmos, bilateral, 375
Anorexia nervosa, 555
Anti-streptococcus serum (polyvalent), value of, in erysipelas, 333
Anus, unusual malformation of, 543
Aortic insufficiency, 506
Apert and **Leblanc**, general œdematous sclerodermia (Besnier's scleremia), 170
Aphasia, congenital axial extra-cortical (new disease of nervous system), 276
— partial, 544
— and imbecility in acute nephritis, 508
Aplasia, cerebral, with hydrocephalus, 24
Appendicitis, trichocephalus and oxyuris, 516
— in childhood, 235, 515
— — (A. Mitchell), 355
— and oxyuris, 516
— and twisted ovarian cyst with morrhage, 236
Appendix and cæcum in left inguinal hernia, 518
Arbraud, foreign bodies in air-passages, 413
Argañaraz, Parinaud's conjunctivitis, 378
Arnold (M.), housing and isolation of scarlet fever, 362
Aronson (H.) and **Sommerfeld (P.)**, toxicity of urine in measles and other infectious diseases, 508
Arquellada, congenital ano-rectal deformities, 518
Arsenobenzol ("606") in treatment of hereditary syphilis (J. L. Bunch), 149
Arterial transposition; congenital cyanosis without murmur, 29
Artery, femoral, thrombosis of, complicating typhoid fever, 326
Arthritis, acute, 471
— — purulent, in child of ten months, with radiograph (J. Burfield and A. J. Cleveland), 17
— infectious, causing dislocation of hip, 471
— pseudo-tuberculous, due to rheumatism, 471
— subacute, of shoulder-joint, due to organism of *Bacillus enteritidis* type, 219
— syphilitic, 286
— of shoulder and hip (? tuberculous), 163
— and bursitis (acute suppurative), 472
Asana (D. G.), case of tetanus, 37
Ascaris lumbricoides (round worm), 329
Ascites, auto-serum treatment of, in cirrhosis of liver, 333
— and no jaundice in malarial hypertrophic cirrhosis in child, aged 8 years, 230
— (chylous), and chylocele in sucklings, 232
Ashby (H. T.), anæmia, associated with rickets and gastro-intestinal disturbances, including splenic anæmia, 371
Asphyxiated infants, resuscitation of, by insufflation method of Meltzer and Auer, 414
Asthma, 173
— management of, in children, 476
Athens, epidemic cerebro-spinal meningitis in, 327
Athetoid movements, 162
Atlo-axis and occipital atlas dislocation, 133
Atresia ani et recti, 518
— congenital, of œsophagus, with tracheal fistula, 429
Atrio-ventricular bundle, changes in, in diphtheria, 419
Atrophy, acute yellow, of liver, 231
— infantile, grave, 367
Aubertin (C.), slowing of respiration in tracheo-bronchial adenopathy, 464
Auditory examination, technique of, in infancy, 184
Aural complications of the exanthemata, 185

Aural practice, vaccines in, 185
Auricle, fibrillation of, and heart-block in diphtheria, 419
Auto-serum treatment of ascites in cirrhosis of liver, 333
Aviragnet, embolic gangrene of limb following malignant diphtheria, 321
— (and others), dried milk in infant feeding, 274

Babonneix (L.), gliomata and cerebral injuries, 468
Bach (A.), blood-pressure in erysipelas, 325
Bacillus enteritidis, subacute, arthritis of shoulder-joint due to, 219
— see also *Klebs-Loeffler bacillus.*
Back, tumour on, 269
Bacterial vaccines in treatment of furunculosis, 331
Bacterins in treatment of septic rhinitis of scarlet fever, 332
Bacteriology, clinical relations of infantile diarrhœa to recent work in, 369
Baildon (F. J.), amaurotic family idiocy, 561
Baines (A.), post-typhoid delirium, 39
Baker (S. J.), reduction of infant mortality, 364
Balenweck, adenoids, 188
Ballantyne (A. J.), concomitant squint following injury to head and eye, 379
Bamberger (A.), acute primary nephritis, 129
Barbe-Oberlin, tuberculous tracheo-bronchial glands, 176
Barbier (H.) and **Gassier,** congenital syphilis of the nervous system, 225
— and **Gougelet (J.),** recovery from symptoms of tuberculous meningitis, 278
— and **Lian (C.),** herpes zoster and tuberculosis, 178
Barling (S.), pneumococcal peritonitis, 516
Baron (A. A.) and **Shukowsky (W. J. P.),** congenital atresia of œsophagus with tracheal fistula, 429
— — tumor cerebri with amaurosis due to atrophy of optic nerves, 561
Barrett (F. J.), unusual case of typhoid fever, 326
Bartels (R.), ophthalmia neonatorum, 136
Bass (M. H.) and **Schwartz (H.),** calcium metabolism in infantile tetany, 423
Bates (W. H.), prevention of myopia in school-children, 138
Baths, cold, in diseases of children, 179
— hot-air, effect of, in nephritic children, 179
Batten (F. E.), case of dermato-myositis, 247
Bauer (J.), thyroiditis in scarlet fever, 422
Baumel (M. L.), left pleurisy with excessive effusion and syncopal phenomena, 174
Beck (E.), removal of third digital phalanx with formation of new joint, 134
Bed isolation of cases of infectious diseases, 408
Beekel (F.), malaria in early infancy, 39
Belladonna, poisoning by, 329
Berghinz (G.), congenital neoplasm of spinal theca, 84
Bering (F.), fate of heredo-syphilitic children, 284
Bernstein (H. A.), irido-choroiditis complicating varicella gangrænosa, 137
Bertin and **Swynghedauw,** dermoid cyst of nose, 426
Besnier's scleremia, 170
de Biehler, exanthemata after vaccination, 36
— and **Korybut-Daskiewicz (B.),** nasal diphtheria, 31
Bierast and **Conradi (H.),** excretion of diphtheria bacilli in urine, 508
Bierring (W. L.), acute poliomyelitis in Iowa, 232
Bile-duct, common, rupture of, 235
Billington (S. G.), sarcoma of naso-pharynx, 165
Bindi (F.), necrosis of superior maxilla in measles, 469
Birmingham University Medical Society, Proceedings, 165
Birth palsy, 77
Bismuth paste, fatal poisoning by, 329
Blackader (A. D.) and **Evans (D. J.),** mediastinal cyst, 175
Blaque (R.), suppurative cerebro-spinal meningitis due to Pfeiffer's bacillus, 278
Blaunce, spasmophilia diathesis, 89
Blauner (S. A.), empyema of infancy, 468
Blenorrhœa neonatorum, prevention of, 375
— — results of Credé's method in, 135
Blind (the), Wassermann's reaction on, 46
— children, instruction of, 559
Blindness, prevention of, 559
Bliss (R. W.), parathyroid glands and infantile tetany, 422
Blood, circulation of, study of, after forcible reduction of congenital club-foot, 134
— human, subcutaneous injection of small quantities in spontaneous hæmorrhage of newborn, 416
— period of infectivity in measles, 35
— use of hypotonic salines controlled by estimation of specific gravity of, in infantile diarrhœa, 477
— and hæmopoietic organs in heredo-syphilis, 522
— in scarlet fever, inclusion bodies in, differential diagnosis by, 521

Blood of pernicious anæmia type in paroxysmal hæmoglobinuria, 78
— pigment, presence of, in fæces of newborn, 220
— pressure in erysipelas, 325
— — in pneumonia, effect of cold fresh air on, 476
— — in scarlet fever (J. D. Rolleston), 444
— serum (human), injections of, in melæna neonatorum and other conditions, 416
Blühdorn (**K.**), streptococcal septicæmia, with purulent œdema in varicella, 325
Blum (**C.**), examination of children of tuberculous parents, 464
Boas (**H.**) and **Thomsen** (**W.**), Wassermann's reaction in congenital syphilis, 283
Bodenstab (**W. H.**), acute lymphatic leukæmia, 371
Bodkin (**M. L.**), prolapse of rectum, 239
Bogert (**F. van der**), congenital stenosis of ileum, apparently syphilitic, 231
Bogert (**F. Y.**), value of urinary examination in infants, 507
von Bokay (**J.**) (and others), salvarsan in syphilis of children, 47
Bones, syphilitic affections of, met with in childhood (D. C. L. Fitzwilliams), 97
— and joints, tuberculous disease of, present treatment in London. 471
Bonnaire, hæmophilia in newborn, death from hæmorrhage following vaccination, 83
Bonnet-Laborderie (**A.**), precocious maternity ; double spina bifida in child, 85
Bonniot (**E.**) and **Variot** (**G.**), congenital labial hemi-spasm and Little's disease, 225
— — facial paralysis following fall, 412
Bony growth on skull, 267
Boquillon and **Pierret,** herpes zoster, sign of latent tuberculosis, 178
Bouillon cultures of *Staphylococcus pyogenes aureus,* use of, in diphtheria convalescents and bacillus carriers, 322
Boyd (**G. M.**), melæna neonatorum, 416
Bradford (**E. H.**) and **Lovett** (**R. W.**), orthopædic surgery (review), 334
Bradycardia, extreme, 420
Brain, abscess of, following compound depressed fracture of skull, 77
— cured tubercle of, 279
— injuries of, followed by gliomata, 468
— maldevelopment of (? sclerosis), with infantilism and idiocy, 546
— tumour of, probable cause of infantile epilepsy and mental troubles, 89
— — with amaurosis due to atrophy of optic nerves, 561
— and cerebellum, abscess, otitic 425
Brandeinberg (**A.**), epigastric hernia, 518
Brandes, spontaneous hæmatomata of orbit, 136
Breast-fed infants, diarrhœa in, 368
Brem (**W.**) and **Watson** (**F. C.**), vaccine treatment of typhoid bacillus carrier, 39
Bretschneider (**A.**), primary suppurative parotitis, 227
Brian (**O.**), erythema nodosum, 43
Bridgman and **Morrow,** treatment of gonorrhœa in girls, 477
Brindel, special form of mastoid infection in chronic infantile otorrhœa (mastoiditis nigra), 186
British Medical Association, Birmingham Branch, proceedings, 164
— — annual meeting, 1912, 542
— — Section of Diseases of Children, Proceedings, 542
Broca, decompressive trephining, 81
Bromide rash in suckling, 41
— rashes in infants, 363
Bromoform, poisoning by, during whooping-cough, 328
Bromural in children's diseases, 180
Bronchi and trachea, foreign bodies in, 273
Bronchial dilatations, small, 172
Bronchiolectasis, chronic, 173
Broncho-pneumonia, non-diphtheritic, membranous angina in, 466
— (pseudo-tuberculous), prolonged, 466
— spasm of larynx in, 171
Bronchus, left, bifurcation of, foreign body impacted in, 429
Brothers, three, phimosis in, 133
— two, with hæmophilia, 120
Brown (**S. H.**), visual acuity and Montessori method of instructing children, 559
Brown (**W. H.**), hypertrophic pyloric stenosis, successfully operated on by new method, 515
Brownell (**W. F.**), acute nephritis with aphasia and imbecility, 508
Brun (**Y.**), acute suppurative arthritis and bursitis, 472
Bryan (**C. W. G.**), vaccine therapy in eye diseases, 139
Bryce (**G.**), diabetes mellitus following scarlet fever, 132
Bulkley (**K.**) and **Cecil** (**R. L.**), oxyuris appendicitis, 516
— — oxyuris and trichocephalus appendicitis, 516
Bunch (**J. L.**), hereditary syphilis and its treatment by arseno-benzol, 149
— hereditary syphilitic infant treated by intra-venous injection of "606," 23
— leucoderma and premature canities, 218
Buphthalmia, 375
Buphthalmos, severe case of, relieved by operation, 561
Burfield (**J.**) and **Cleveland** (**A. J.**), acute purulent arthritis, 17

Burfitt, appendicitis and twisted ovarian cyst with hæmorrhage, 236
Burgess (J.), permeating mastoid meningitis, 186
Burgess (M.), care of infants and young children in health (review), 480
Burlamacchi (G. R.), lactic ferment therapy, 367
Burns (H. D.), phlyctenular ophthalmia, ætiology of, 561
Burr (C. W.), congenital syphilis, 221
Bursitis and arthritis, acute suppurative, 472
Butler (T. H.), unusual manifestations of Klebs-Loeffler bacillus infection, 136
Buttock, recurrent herpes of, 42
Butyro-reaction of Noguchi-Moore in acute anterior poliomyelitis, 233

Cacciani (I.), sudden death from tuberculous tracheo-bronchial adenopathy, 464
Cachexia in prolonged cerebro-spinal meningitis, 30
Cæcum and appendix in left inguinal hernia, 518
Cain (E.) and **Renault (J.),** lymphadenoma of tonsil simulating chancre, 427
Calcium chloride for serum eruptions, 32
Calculi, multiple, bilateral nephro-lithotomy for, 132
— (urethral), 222
Calculus, renal, in infants, 131
— of ureter, 132
— vesical, in boy, aged 5 years, 519
Calories, comparative value of, in foods of infancy and early childhood, 80
— value of, of percentage mixtures, rapid and simple method of determining, 81
Cameron (H. C.), pneumococcal peritonitis, 258
Canities, premature, and leucoderma, 218
Cannata (S.), Le infezioni paratifose nell' infanzia (review), 335
Carbon dust, presence and distribution of, in lungs of children, 466
Cardiac conditions, polygraph as aid in diagnosis of, 418
Cardio-spasm, 227
Cardio-sphygmographic observations in typhoid fever, 38
Cardiopathy absent in girl suffering from anasarca and hereditary syphilis, 374
Carles, calcareous skin and subcutaneous tumours, 280
Carmany (H. S.), intussusception, 222
Carnagier and **Hamel,** acute peritonitis, probably appendicular, in infant, 273
Carpo-pedal spasm, 221
Carriers of typhoid bacillus, vaccine treatment of, 39
— of diphtheria in school epidemic, 322
— — in relation to spread of, 33
Carriers of diphtheria, treatment of, 33, 322
— — use of bouillon cultures of *Staphylococcus pyogenes aureus* in, 322
Cartilages, interarticular, lesions of, in achondroplasic, 506
Castex (A.), Consultations Oto-rhino-laryngologiques à l'Usage des Practiciens (review), 526
Casto, necessity of orthodontic interference in malformation of the dental arches and maxillæ, 426
Castor (Lieut.-Col. R. H.), three cases of pseudo-muscular hypertrophy in one family, 512
Catarrh, post-nasal, consequences, 187
Catheter, duodenal, study of icterus neonatorum by means of, 414
Cautley (E.), lymphatism, 122
— mucous gastritis in infancy, 241
— partial aphasia, 544
— tetanoid spasms, 544
— tuberculous right kidney from child, aged 12 months, 549
— tuberculous tumour of dura mater, 122
Cech (G.), bromide rash in suckling, 41
Cecil (R. L.), and **Bulkley (K.),** oxyuris appendicitis, 516
— — oxyuris and trichocephalus appendicitis, 516
Cellulitis, orbital, from disease of superior maxilla, 562
Cerebellum, tumour of, 120, 165
— and brain, abscess of, otitic, 425
Cerebro-spinal axis, multiple malformations of, 275
— fluid, presence of salicylic acid in, in cerebral rheumatism with acute mental disturbance, 81
— — of infants affected with gastro-intestinal disturbances and sclerema, urea in, 412
Chambellan (V.), recurrence of adenoids, 427
Chancre simulated by lymphadenoma of tonsil, 427
— of lid, 136
— of scalp in infant, 44
Chapin (H. D.), treatment of congenital syphilis by administration of "606" to the nursing mother, 182
— and **Pisek (G. R.),** Diseases of Infants and Children (review), 382
Charles (J. R.), myatonia congenita, 7
Chatin and **Rendu,** galactogenic action of subcutaneous injection of milk, 367
— — localised and confluent varicella, 325
Chavigny, peripheral neuritis following scarlet fever, 34
Chessin (W. R.), post-scarlatinal stricture of œsophagus, 430
Chest, deformity of, 121

Chevrel (**F.**) and **Perquis** (**J.**), chronic tonsillitis caused by a staphylo-bacillus, 427
Chicago, open-air school at, 91
Chislett (**C. G. A.**), syphilis and congenital mental defect, 45
Chloroform poisoning, so-called delayed, 558
Cholæmia, congenital family, 545
Chorea, hemiplegia in case of, 167
— pathology of, 524
— (Sydenham's), with organic nervous symptoms, 363
— and infection, 363
— in vitiligo, 280
Chorio-retinitis, familial form of, in family, 138
Choroid, tubercle of, in tuberculous meningitis, 562
Chylangiomata, case of, 468
Chylocele and chylous ascites in sucklings, 232
Cilia and intermarginal area of both lower lids; congenital deficiency of, with distichiasis, 559
Circumcision followed by true diphtheria of penis (two cases), 79
Cirrhosis, hepatic, case of, 230
— of liver; auto-serum treatment of ascites, 333
— (malarial hypertrophic), with ascites and no jaundice in child, 230
Claiborne (**J. H.**), vaccine treatment, in ophthalmology, 563
Clavicle, exostoses of inner end of, 267
Cleft palate, operation for, controversy relating to, 514
— — and hare-lip, three cases of, in one family, 514
Clemens (**J. R.**) and **Gould** (**C. W.**), influenzal cerebro-spinal meningitis, 277
Cleveland (**A. J.**) and **Burfield** (**J.**), acute purulent arthritis, 17
Club-foot, congenital, study of circulation after forcible reduction of, 134
Coats (**A. J.**), morbus maculosus neonatorum, 415
Codet-Boisse, toxic symptoms following use of tincture of iodine as skin disinfectant, 520
Cœliac disease, 229
Coffee-drinking causing psychasthenia in child, aged 2 years, 89
Coffin (**H. C.**) and **Pisek** (**G. R.**), polygraph as aid in diagnosis of cardiac conditions, 418
Coit (**H. L.**), advantages of certified milk, 410
Cole (**F. H.**), manifestations of rheumatism, 88
Colliginon (**C.**), abortive typhoid fever, 38
Collin (**A.**), idiopathic enuresis, 128
Collin (**A.**) and **Lesage,** case of delirium due to an infection without mental confusion or amnesia of fixation, 327
— — resistance to fatigue in children, 90
Colon, idiopathic dilatation of, 77
Colwell (**H.**) and **Glendinning** (**B.**), presence of blood-pigment in fæces of newborn, 220
Comby (**J.**), aërophagy, 227
— asthma, 173
— bromide rashes in infants, 363
— chronic intussusception mistaken for dysentery, 231
— chronic mediastinitis, 175
— dermatitis bullosa with successive exacerbation, 279
— hæmorrhagic pleurisy, 174
— pneumonia of right apex, lasting twenty days; typhoid state, mutism, cure, 174
— rumination in children, 555
— scrotal tongue, 226
— treatment of tonsillar and retropharyngeal abscesses, 187
— and **Labourdette,** Mongolian blue spots, 42
— and **Schreiber,** syphiloma of tongue, 45
Commandeur, fatal hæmorrhage in newborn from small frontal wound, 83
Commiskey (**L. J. I.**) and **Schloss** (**O. M.**), ætiology and treatment of so-called hæmorrhagic disease of newly born, 415
Comroe (**J. H.**), macroglossia, 234
Concetti (**Prof. L.**), L'insegnamiento della pediatria in Roma (review), 144
Conjunctivitis, chronic membranous, treated with vaccines, 377
— membranous, in new-born child, 375
— (Parinaud's), 378
Conradi (**H.**) and **Bierast,** excretion of diphtheria bacilli in urine, 508
Conseil (**E.**) and **Nicolle** (**C.**), typhus fever in children, 327
Constantin, technique of auditory examination in infancy, 184
Constantinesco (**S.**), erythema nodosum and tuberculosis, 178
Constipation in infants, treatment by massage ball, 462
Consumption, frequency of, in children, 176
Contagious diseases, mortality from, at St. Joseph's Hospital, 364
Convulsions and facial phenomenon, 88
— in newly born, 417
Corner (**E. M.**), so-called delayed chloroform poisoning, 558
— tuberculosis of mesenteric glands, nature and treatment, 465
— and **Ransome** (**A. S.**), gangrene of leg following diphtheria, 31

Cornwall, poliomyelitis in, in 1911, 124
Coues (W. P.), fragilitas ossium, 470
Coughlin (R. E.), belladonna poisoning, 329
— typhoid fever complicated by double parotitis, 39
Councilman (W. T.) and **Dunn (C. H.)**, myatonia congenita, 511
Couper (A. J.), subclavian thrombosis in measles, 35
Courtade (D.), De l'incontinence d'urine chez les enfants et en particulier de l'incontinence nocturne dite essentielle (review), 95
Cowie (D. M.), chylous ascites and chylocele in sucklings, 232
Cow's milk, anaphylaxis to, 366
— — undiluted, infants feeding with, 367
Coxa vara, 546
Craniectomy in prolonged cerebro-spinal meningitis with intra-cranial hypertension, 169
Craniotabes and syphilis, 170
Creatin and creatinin, excretions of, in recurrent vomiting, 558
Creazzo (A.), pathology of subacute and chronic mucous entero-colitis, 523
Credé's method in blenorrhœa neonatorum, results of, 135
di Cristina (G.), pathology of splenic anæmia, 372
— and **Jemma (R.)**, Leishman's anæmia, 373
Cronquist (J.), treatment of tuberculosis by Koch's old tuberculin, 475
Crookshank (F. G.), some considerations on infant feeding, 481
Cruchet (R.), hydrocephalus with partial anencephaly, 510
Crying, intra-uterine, of child, 82
Cummer (C.) and **Dexter (R.)**, Wassermann reaction in hereditary syphilis, 45
Cutaneous reaction to tuberculin (C. P. Lapage), 493, 532
Cyanosis, absence of, in congenital pulmonary stenosis, 121
— chronic, forms of, in association with ocular manifestations, 376
— congenital, without murmur in arterial transposition, 29
— in infants, due to malnutrition, 368
Cylindruria, 128
Cyst, large congenital serous, of neck, 169
Cystitis in male infants, ætiology of, 133

Dabney, vaccine therapy in diseases of ear, nose and throat, 426
Daniel (C.), diagnostic and prognostic value of tuberculin in infants, 463
Darlington open-air school, 90
Darré and **Nobécourt,** cerebral rheumatism with acute mental disturbance, presence of salicylic acid in cerebro-spinal fluid, 81
Davis (E. P.), preparation for nursing and care of nursing mother, 270
Davis (H.), granuloma annulare, 24
Deaf and deaf-mute persons, results obtained in, by re-education of hearing, 425
Deaf-mutes, Wassermann's reaction in, 46
Deaf-mutism, pathology of, 425
Deafness, prevention of, in children (M. Yearsley), 396
— — in school children, 92
Dean (H. R.), idiocy and congenital syphilis, 385
— ulcerative endocarditis produced by the pneumococcus, 317
Death, early, of many children in one family, 418
— sudden, following diphtheria, 32
— — following myocarditis in scarlet fever, 34
Debré (R.), prolonged cerebro-spinal meningitis with cachexia, 30
— and **Netter,** rhino-pharynx as habitat of meningococcus, 187
De Buys (L. R.), effect of salvarsan on congenital lues, 182
Deformities, congenital ano-rectal, 518
— — in lower limb, 220
Deformity of chest, 121
Deglutition click or fremitus, clinical significance of, 465
Deléarde (A.), pseudo-bulbar glosso-labial paralysis, 276
— and **Fontan,** polyarthritis deformans, 87
— and **Hallez (G. L.)**, erythema nodosum, 43
— and **Repellin,** anasarca without albuminuria or cardiopathy in girl suffering from hereditary syphilis, 374
Delirium due to an infection without mental confusion or amnesia of fixation, 327
— post-typhoid, 39
Dell (J. A.), The Gateways of Knowledge (review), 383
Delmas, anorexia nervosa, 555
Demelin and **Mouchet (A.)**, large congenital serous cyst of neck, 169
Dementia præcox, 514
Dental arches and maxillæ, malformation of, necessity of orthodontic interference in, 426
Dentition, diseases of, question of existence, 226
Dermatitis bullosa with successive exacerbation, 279
Dermato-myositis, case of, with pathological report (F. E. Batten), 247
Dermoid cyst of nose, 426
— — (median) of nose (M. Yearsley), 160
Development, precocious, in boy, aged 6 years, case of (E. C. Williams), 529

Devilliers (A.), thermometric investigations in newborn, 413
Devon and Cornwall, poliomyelitis in, in 1911, 124
Dexter (R.) and **Cummer (C.)**, Wassermann reaction in hereditary syphilis, 45
Diabetes, 550
— insipidus, 510
— — with positive Wassermann's reaction (F. P. Weber), 211
— mellitus following scarlet fever, 132
— — following whooping-cough, 510
— — in child under one year, 509
— — treatment of, 180
Diarrhœa, epidemic, treatment by saline solution, 343
— infantile, ætiology, 368
— — clinical relations to recent bacteriological work, 369
— — treatment, 370
— — use of hypotonic salines controlled by estimation of specific gravity of blood in, 477
— (summer), treatment, 370, 477
— — in children, ætiology, 368
— — — treatment, 368
— wasting and protracted, accompanied by telangiectases, 280
— in 1911, 319
— in breast-fed infants, 368
Diazo-reaction in scarlet fever and serum sickness, 324
Dickinson (V.), infantilism, 21
Diet, alteration caused by, in abdominal girth of infants, 320
Digestion and nutrition of infants, studies in, 167
Diphtheria, acetonuria in, 131
— auricular fibrillation and heart-block in, 419
— antitoxin, untoward effect of, 32
— bacilli of, excretion of, in urine, 508
— carriers of, in relation to spread of, 33
— — in school epidemic, 322
— — treatment of, 33, 322
— — use of bouillon cultures of *Staphylococcus pyogenes aureus* in, 322
— changes in heart-muscle and especially atrio-ventricular bundle in, 419
— complete heart-block in, 322
— complicating measles, 323
— convalescents after, use of bouillon cultures of *Staphylococcus pyogenes aureus* in, 322
— cutaneous, 40
— followed by gangrene of leg, 31
— — pulmonary embolism, 322
— — sudden death, 32
— laryngeal, 312 cases of, 182
— malignant, followed by embolic gangrene of limb, 321
— nasal, 31
Diphtheria, true, of penis following circumcision, two cases, 79
— in wound, 31
— in Metropolitan Asylums Board Hospitals, 30
— of œsophagus (J. D. Rolleston), 12
— of stomach, 31
Diphtheroid bacilli of penis, 79
Dislocation, congenital, of hip, 133
— — of knee-joint, 134
Distichiasis in congenital deficiency of cilia and inter-marginal area of both lower lids, 559
Diverticula, multiple, of ileum, 515
Döblin, salvarsan in sucklings, 46
Dobson (J. F.), cerebral abscess following compound depressed fracture of skull, 77
D'Oelsnitz, latent thymic hypertrophy, 170
— radioscopic shadow in cases of thymic hypertropy, 171
Döhle, leucocyte inclusion bodies in scarlet fever, 520
Domarus (Y.), encephalitis following whooping-cough, 326
Dominici (M.), changes in umbilical cord in syphilis, 44
Dopter (C.), failures in anti-meningococcal sero-therapy, 332
Dorland, intra-uterine ophthalmia neonatorum, 135
Dorlencourt and **Hallé,** giant papulo-tubercular bromide rash, 273
— and **Schreiber,** experiments as to heat on puppies, 507
Dorrell (E. A.), chronic membranous conjunctivitis treated with vaccines, 377
Doucet (P. M. L.), obscure fever, 40
Douglas (J.), multiple abscesses in one kidney, 132
Dowd (C. N.), some differences between surgery of children and adults, 27
Drew (D.), hernia, 239
— late results of muscle transplantation for relief of talipes valgus (paralytic), 120
— and **Parkinson (J. P.)**, purulent pericarditis, 218
Drinkwater (H.), word-deafness, 185
Dubreuilh (W.), cutaneous sarcomatosis, 41
Dudfield, diarrhœa in 1911, 319
Dufour and **Weill (E.)**, necrotic angina in scarlet fever, 413
Dunn (C. H.) and **Councilman (W. T.)**, myatonia congenita, 511
Dunn (L. A.), retrograde enteric intussusception, 238
Dunn (M.), hæmorrhagic disease of newly born, 415
Duodenum, tube for access to, 229
— ulcer of, 228
— — death from intestinal hæmorrhage, 554

Dupérié, malignant endocarditis, 420
Dupuich and **Grysez,** acute suprarenal insufficiency in scarlet fever, 324
Dura mater, tuberculous tumour of, 122
Dwarf, rachitic, 268
Dyschezia, congenital, 145
Dysentery, chronic intussusception mistaken for, 231
Dysostosis, cleido-cranial, hereditary, 85
Dyspepsias of children after age of infancy, 543
Dysthyroidism, infantile, form of, 422

Eales (H.), plexiform neuroma of lid and orbit, 563
Ear, diseases of, and syphilis, 286
— — vaccine therapy in, 426
Eaton (P. J.) and **Woods (E. B.),** diabetes mellitus in child under one year, 509
Echinococcus of kidney in child aged 11 years, 509
Eclamptic mothers, toxicity of milk of, 366
Eczema, impetiginous, followed by acute nephritis, 508
— of sucklings, favourable effect in, from residence in high altitude, 41
Edinburgh, acute poliomyelitis in (1910), 124
Edington (G. H.), unusual malformation of anus, 543
Education, Report of the Minister of Public Instruction, Victoria, for the years 1909-1910 (review), 141
Edwards (G. P.), malformation of heart, 418
Eggers (H. E.) and **Hektoen (L.),** experimental measles in monkeys, 323
Ehlers, ophthalmic zoster, 137
Ehrlich-Hata ("606"), intra-venous injection of, hereditary syphilitic infant treated by, 23
— (salvarsan), in congenital syphilis, 47
— — in sucklings, 46
— — in syphilis of children, 47
Elizalde (P. T.), acute hæmorrhagic pancreatitis, 230
Elliott, myositis ossificans progressiva, 511
Elliott (D.) and **Maitland (H. S.),** purpura fulminans following pneumonia, 374
Ellis (H. A.), infantile diarrhœa and its treatment, 370
Elmer (W. G.), typhoid fever infection involving only the gall-bladder, 38
Elmslie (R. C.), fibrous and fibro-cystic osteitis, 543
— tuberculous disease of bones and joints, present treatment in London, 471
Ely (L. W.), fatal case of bismuth paste poisoning, 329
Embolism, pulmonary, as sequel to diphtheria, 322
Emphysema cutis (pneumo-hypoderma), 280
— generalised cutaneous, 35
— subcutaneous, as complication of measles, 35
Empyema, chronic, thoracoplasty for, 519
— in infants, 467
— of infancy, 468
Encephalitis following whooping cough, 326
Endocarditis, malignant, 420
— relation of enlarged tonsils to, 188
— ulcerative, produced by pneumococcus (H. R. Dean), 317
Enterectomy in infant twenty-four hours old, 237
Entero-colitis (mucous), chronic and sub-acute, pathology of, 523
Enuresis, idiopathic, 128
— (nocturnal) in children, treatment (Mello-Leitão), 454
Epignathus or teratoid tumour of nasal septum and base of skull, 409
Epilepsy, infantile, with mental troubles in case of cerebral tumour, 89
— in child 5 days old, 84
Epileptics, Wassermann's reaction in, 46
Epiphysis, trophic changes in, about shoulder, infantile palsy with, 78
Epiphysitis, acute, in infant, 79
— — in new-born, 470
Epstein (S.), flat-feet in women and children, 134
Erysipelas, blood-pressure in, 325
— peculiarities of, in infants, 507
— suprarenals in, 326
— value of anti-streptococcus serum (polyvalent) in, 333
Erythema nodosum, ætiology of, 43
— — followed by tuberculous meningitis, 465
— — and tuberculosis, 178
Escobar, whooping-cough, 37
Eugenics, teaching of, in schools and colleges, 93
Evans (D. J.) and **Blackader (A. D.),** mediastinal cyst, 175
Exanthemata, aural complication of, 185
— after vaccination, 36
Exostosis of inner end of clavicle, 267
Eye, affected, in congenital ptosis, associated lid movements of, 560
— diseases of, vaccine therapy in, 139
— globe of, penetrating injury of, with panophthalmitis due to gas-forming micro-organism, 136
— tuberculosis of, tuberculin in, 139
— and head, injury to, followed by concomitant squint, 379
Eyeball, bilateral congenital anterior staphyloma of, 375
Eyelid and orbit, plexiform neuroma of, 563

Eyelid, chancre of, 136
Eyelids, lower (intermarginal area of), and cilia, congenital deficiency of, with distichiasis, 559
— movements of, of affected eye, in association with congenital ptosis, 560

Face and tongue, congenital hemiatrophy of, on left side, 320
Facial phenomenon and convulsions, 88
Fæces of newborn, presence of blood pigment in, 220
Fairbank (H. A. T.), appendicitis in children, 515
Fall followed by facial paralysis, 412
Family with membranous discharge from nose (A. M Gossage), 157
Farnsworth, (C. P.), and **Lindsay (W. T.)**, chylangiomata, 468
Farr (C. B.), comparative caloric value of various foods, 80
Fatigue, resistance to, in children, 90
Fauces and larynx, chronic œdema of, 409
Fauguez and **Guinon**, subacute intussusception, 30
Fawcett, precocious development in boy, 532
Fearnsides (E. G.), telangiectasis in association with wasting and protracted diarrhœa, 280
Febrile diseases, influence of neuropathic and psychopathic constitution on, 40
Feeding of infants, dried milk in, 274
— — some considerations on (F. G. Crookshank), 481
— — with undiluted cow's milk, 367
Feer (E.), do diseases of dentition exist? 226
Femur, left, shortening of, 122
— right, congenital shortness of, due to delayed or absent ossific centre in head, 77
— sarcoma of, resulting from fracture, 76
— shaft of, genu valgum due to rarefaction and deformity of, 545
Fenillié and **Marfan,** experimental rickets, 225
Ferguson (S. W.) and **Webster (P. S.)**, retained tracheotomy tube and laryngeal stenosis, 428
Fetherston (R. H.), intra-uterine crying of child, 82
Fever, obscure, in children, 40
Fevers, eruptive, immunity of infants to, 321
Finger, index, phalanx of, removal followed by formation of new joint, 134
Fingers, congenital flexion of proximal interphalangeal joints of, 25
Finizio, (G.), anaphylaxis to cow's milk; anaphylactic therapeutics, 366
Finkelstein (H.), differential diagnosis of abdominal pain, 554
Fiore (G.), case of cured cerebral tubercle, 279
— value of percussion of skull, 274
Firth (A. C. D.), congenital absence of patellæ and deformity of nails in mother and three children, 23
— hereditary absence of patellæ and deformity of nails, 305
Fischer (L.), salvarsan in syphilis of children, 47
Fistula, tracheal, in congenital atresia of œsophagus, 429
Fitzwilliams (D. C. L.), congenital deformities in lower limb, 220
— congenital flexion of proximal interphalangeal joints of fingers, 25
— coxa vara, 546
— syphilitic affections of bones met with in childhood, 97
Flandin and **Achard (C.)**, typhoid fever in suckling, 38
Flat-feet in women and children, 134
Fleming (G. B.), and **Kennedy (A. M.)**, complete heart-block in diphtheria, 322
Flexner's serum in cerebro-spinal meningitis, 332
Florance (E.), snake-bite, 329
Fontan and **Delèarde,** polyarthritis deformans, 87
Foods, various, used in infancy and childhood, comparative caloric value of, 80
Foramen ovale septum, deficient, 548
Forbes (D.) and **Newsholme (H. P.)**, membranous rhinitis, 186
Fordyce (A. D.), care of infants and young children (review) 479
Foreign bodies in air-passages, 413
— — in œsophagus, two cases of, 225
— — in trachea and bronchi, 273
— body impacted in bifurcation of left bronchus, removal, 429
Forsyth (D.), gumma of lung, 268
Forsyth (R. L.), ætiology of infantile diarrhœa, 368
Foster (Enrique), cyanosis in infants due to malnutrition, 368
Fowler (E. P.), syphilis and diseases of ear, 286
Fowler (R. S.), appendicitis in children, 515
Fracture, compound depressed, of skull, followed by cerebral abscess, 77
— sarcoma of femur resulting from, 76
— of humerus, 77
Fractures, multiple, in newborn, 82
Fragilitas ossium, 470
Fraley (F.), method of determining caloric value of percentage mixtures, 81
Français (R.), acute osteomyelitis of superior maxilla in sucklings, 469
Françon and **Lesné,** some peculiarities of erysipelas in infants, 507
Franzi (F.), form of infantile dysthyroidism, 422

Freeman (**R. G.**), intestinal infantilism of of Herter, 370
Frenkel (**K.**), causes of paralysis of hypertrophied heart, 420
Frew (**R. S.**), acetonuria, 131
Friedlander (**A.**), involution of thymus by X rays, 473
Fritz (**A.**), Hirschsprung's disease, 517
Fromont (**H.**), neglected symptom in scarlatina, 323
Frost (**C. A.**), is the milk of eclamptic mothers toxic?, 366
Furunculosis, treatment of, by bacterial vaccines, 331
Fussell (**M. H.**), methods of increasing mammary function, and contra-indications to nursing, 270

Gagnoni (**E.**), hepatic cirrhosis, 230
Galactagogue, new (W. Lauzun-Brown), 214
Galactogenic action (so-called) of subcutaneous injection of milk, 367
Gall-bladder only involved by typhoid fever infection, 38
Galliot (**A.**), treatment of albuminuria, 180
Gangrene (embolic) of limb following malignant diphtheria, 321
— primary, of larynx, 553
— symmetrical, of skin in scarlet fever, 324
— in infectious disease, 40
— in typhus, 39
— of leg following diphtheria, 31
— of vulva, 41
Gardère and **Weill**, increased subclavicular expansion in pleural effusion, 467
— — ulcer of duodenum, death from intestinal hæmorrhage, 554
Gardner (**M. C.**), tetanus treated with intra-spinal injections of magnesium sulphate, 37
Garthwaite-Fisher, anæsthesia in tonsil enucleation, 427
Gassier and **Barbier**, congenital syphilis of nervous system, 225
Gastritis, mucous, 335
— — in infancy (E. Cautley), 241
Gastro-enteritis, with interesting complications, 551
Gastro-intestinal disturbances, anæmia associated with, 371
— — and sclerema, urea in cerebro-spinal fluid of infants affected with, 412
— symptoms at onset of tuberculous meningitis, 555
Gauducheau and **Guinon**, (?) amyotonia congenita, 29
Gelabert tuberculosis of iris, 562
Generative functions, retardation of, obesity, and muscular weakness in late rickets, 513
Genito-urinary system, some common affections of, 127
Genu valgum due to rarefaction and deformity of shaft of femur, 545
Gesteira, congenital pulmonary stenosis, 419
Getchell (**A. C.**), relation of enlarged tonsils to endocarditis, 188
Gibson (**C. L.**), rupture of kidney, 519
Gibson (**J. L.**), importance of lumbar puncture in plumbic ocular neuritis, 380
Gilmour (**A.**), mental condition in rickets, 513
Ginet and **Paillaise**, membranous conjunctivitis in newborn child, 375
Gioseffi (**M.**), generalised cutaneous emphysema, 35
— measles complicated by subcutaneous emphysema, 35
Glands, tuberculous, of neck, treatment of, 475
— — tracheo-bronchial, 176
Glandular fever, acute, 328
Glendining (**B.**) and **Colwell** (**H.**), presence of blood-pigment in fæces of newborn, 220
Gliomata following cerebral injuries, 468
Goat, milk of, treated with salvarsan in treatment of syphilis in sucklings, 184
Goitre, cystic, with feeble mentality: congenital myxœdema, 421
Goldberg (**D.**), torticollis in newborn, 417
Goldberger (**J.**) and **Anderson** (**J. F.**), period of infectivity of blood in measles, 35
— — recent advances in our knowledge of measles, 522
Goldenfann (**S.**), prolonged pseudo-tuberculous broncho-pneumonia, 466
Goldie (**W.**), serum reaction, 32
Gonorrhœa, treatment of, in girls, 477
Goodall (**E. W.**), hypersensitiveness, 433
Goodman (**C.**), acute diffuse gonorrhœal peritonitis, 237
Gordon (**A.**), arrested mental development, 86
Gossage (**A. M.**), family with membranous discharge from nose, 157
Gougelet (**J.**) and **Barbier** (**H.**), recovery from symptoms of tuberculous meningitis, 278
Gould (**C. W.**) and **Clemens** (**J. R.**), influenzal cerebro-spinal meningitis, 277
Gourand, tuberculin in children, 475
Gouvalska (**A.**), serum eruptions and calcium chloride, 32
Goyder (**F. W.**), cleft palate controversy, 514
Graham (**E. E.**), treatment of pertussis with vaccine, 331
Graham (**E. G.**), pyloric stenosis, 228
Grand-Clément and **Rollet**, chancre of lid, 136
Grantley-Shelton and **Stirling**, splenic anæmia and splenectomy, 373
Granuloma annulare (H. Davis), 24

Haslam (**S.**), congenital stenosis of pylorus, 235
Haushalter (**P.**), dementia præcox, 514
— and **Hoche** (**P.**), cerebral tumour, infantile epilepsy with mental troubles, 89
Hawes (**A. T.**), three cases of hare-lip and cleft palate in one family, 514
Head and eye, injury to, followed by concomitant squint, 379
Hearing, results obtained in deaf and deaf-mute persons by re-education of, 425
Heart, congenital disease of, 166
— — mild and latent cases, 418
— — in association with ocular manifestations, 376
— hypertrophied, paralysis of, causes, 420
— in scarlet fever, 324
— malformation of, 418
— troubles following severe infections, 419
— unusual bruit of, 163
Heart-block, complete, in diphtheria, 322
— and auricular fibrillation in diphtheria, 419
Heart disease, congenital, 460
Heart-muscle, changes in, in diphtheria, 419
Heat, experiments as to influence of, on puppies, 507
Heath (**P. M.**), genu valgum due to rarefaction and deformity of shaft of femur, 545
Hektoen (**L.**) and **Eggers** (**H. E.**), experimental measles in monkeys, 323
Heller (**J. M.**), strabismus, 379
Hemiatrophy, congenital, of face and tongue on left side, 320
— facial, 86
— — in sclerodermia, 282
Hemiplegia, 121
— in case of chorea, 167
— left, scarlatina complicated by, followed by typhoid fever complicated by intestinal hæmorrhage, 169
Hemispasm, congenital labial, and Little's disease, 225
Henderson (**A. C.**), malaria in infant, 5 months old, simulating Von Jaksch anæmia, 372
Van Henkelom (**J. S.**) and **Kamberg** (**D. J.**), osteogenesis imperfecta, 85
Henry Phipps Institute for the Study, Treatment and Prevention of Tuberculosis, Sixth Annual Report of (review), 479
Heredo-syphilis, blood and hæmopoietic organs in, 522
— infantile, serum diagnosis in, 283
Heredo-syphilitic children, fate of, 284
Hermann (**C.**), premiums for nursing mothers and milk depôts for infants, 365
Hernia, 239
— cervical, of lung, and absence of sternomastoid muscle, 320
— (diaphragmatic) of newborn, 417
— epigastric, 518
— inguinal, radical cure of, 123
— left inguinal, cæcum and appendix in, 518
— treatment of, in infants, 412
Hernias of nurslings, torsion of uterine annexa in, 518
Herpes, recurrent, of buttock, 42
— zoster, sign of latent tuberculosis, 178
— — and tuberculosis, 178
— — by contagion (S. Veras), 360
Herter's infantilism, see *Infantilism* (Herter's)
Hertz (**A. F.**), congenital dyschezia, 145
Hess (**A. F.**), duodenal tube, 229
— study of icterus neonatorum by means of duodenal catheter, 414
Heubner (**O.**), Lehrbuch der Kinderheilkunde (review), 334
— Reden und Abhandlungen aus dem Gebiete der Kinderheilkunde (review), 383
Hill, retro-peritoneal lympho-sarcoma, 461
Hill (**E. C.**), carriers and diphtheria, 33
Hill (**H. K.**), vitiligo, 221
Hill (**W.**), instruments to facilitate peroral trachea-bronchoscopy, 409
Hip, congenital dislocation of, 133
— dislocation of, caused by infectious arthritis, 471
— proliferative osteo-arthritis of, 163
— and shoulder, arthritis of (? tuberculous), 163
Hird (**R. B.**), ophthalmic school clinics, 380
Hirsch, Recklinghausen's disease, 280
Hirschsprung's disease, 232, 517
Hoche (**P.**) and **Haushalter** (**P.**), cerebral tumour, infantile epilepsy with mental troubles, 89
Hochsinger, salvarsan in congenital syphilis, 47
Hoffa (**T.**), visible gastric peristalsis, 228
Holloway (**T. B.**), ocular manifestations associated with forms of chronic cyanosis, especially in congenital heart disease, 376
Holt (**L. E.**), diseases of infancy and children (review), 96
Hoobler (**B. R.**) and **Howland** (**J.**), effect of cold, fresh air on blood-pressure in pneumonia, 476
Houda (**E. O.**), acetonæmia, 557
Housing, relation to isolation of scarlet fever and return cases, 362
Howland (**J.**) and **Hoobler** (**B. R.**), effect of cold, fresh air on blood-pressure in pneumonia, 476
Huber (**F.**), empyema in infants, 467

Haslam (**S.**), congenital stenosis of pylorus, 235
Haushalter (**P.**), dementia præcox, 514
— and **Hoche** (**P.**), cerebral tumour, infantile epilepsy with mental troubles, 89
Hawes (**A. T.**), three cases of hare-lip and cleft palate in one family, 514
HEAD and eye, injury to, followed by concomitant squint, 379
HEARING, results obtained in deaf and deaf-mute persons by re-education of, 425
HEART, congenital disease of, 166
— — mild and latent cases, 418
— — in association with ocular manifestations, 376
— hypertrophied, paralysis of, causes, 420
— in scarlet fever, 324
— malformation of, 418
— troubles following severe infections, 419
— unusual bruit of, 163
HEART-BLOCK, complete, in diphtheria, 322
— and auricular fibrillation in diphtheria, 419
HEART disease, congenital, 460
HEART-MUSCLE, changes in, in diphtheria, 419
HEAT, experiments as to influence of, on puppies, 507
Heath (**P. M.**), genu valgum due to rarefaction and deformity of shaft of femur, 545
Hektoen (**L.**) and **Eggers** (**H. E.**), experimental measles in monkeys, 323
Heller (**J. M.**), strabismus, 379
HEMIATROPHY, congenital, of face and tongue on left side, 320
— facial, 86
— — in sclerodermia, 282
HEMIPLEGIA, 121
— in case of chorea, 167
— left, scarlatina complicated by, followed by typhoid fever complicated by intestinal hæmorrhage, 169
HEMISPASM, congenital labial, and Little's disease, 225
Henderson (**A. C.**), malaria in infant, 5 months old, simulating Von Jaksch anæmia, 372
Van Henkelom (**J. S.**) and **Kamberg** (**D. J.**), osteogenesis imperfecta, 85
HENRY Phipps Institute for the Study, Treatment and Prevention of Tuberculosis, Sixth Annual Report of (review), 479
HEREDO-SYPHILIS, blood and hæmopoietic organs in, 522
— infantile, serum diagnosis in, 283
HEREDO-SYPHILITIC children, fate of, 284
Hermann (**C.**), premiums for nursing mothers and milk depôts for infants, 365
HERNIA, 239
— cervical, of lung, and absence of sternomastoid muscle, 320
— (diaphragmatic) of newborn, 417
— epigastric, 518
— inguinal, radical cure of, 123
— left inguinal, cæcum and appendix in, 518
— treatment of, in infants, 412
HERNIAS of nurslings, torsion of uterine annexa in, 518
HERPES, recurrent, of buttock, 42
— zoster, sign of latent tuberculosis, 178
— — and tuberculosis, 178
— — by contagion (S. Veras), 360
Herter's infantilism, see *Infantilism* (Herter's)
Hertz (**A. F.**), congenital dyschezia, 145
Hess (**A. F.**), duodenal tube, 229
— study of icterus neonatorum by means of duodenal catheter, 414
Heubner (**O.**), Lehrbuch der Kinderheilkunde (review), 334
— Reden und Abhandlungen aus dem Gebiete der Kinderheilkunde (review), 383
Hill, retro-peritoneal lympho-sarcoma, 461
Hill (**E. C.**), carriers and diphtheria, 33
Hill (**H. K.**), vitiligo, 221
Hill (**W.**), instruments to facilitate peroral trachea-bronchoscopy, 409
HIP, congenital dislocation of, 133
— dislocation of, caused by infectious arthritis, 471
— proliferative osteo-arthritis of, 163
— and shoulder, arthritis of (? tuberculous), 163
Hird (**R. B.**), ophthalmic school clinics, 380
Hirsch, Recklinghausen's disease, 280
HIRSCHSPRUNG'S disease, 232, 517
Hoche (**P.**) and **Haushalter** (**P.**), cerebral tumour, infantile epilepsy with mental troubles, 89
Hochsinger, salvarsan in congenital syphilis, 47
Hoffa (**T.**), visible gastric peristalsis, 228
Holloway (**T. B.**), ocular manifestations associated with forms of chronic cyanosis, especially in congenital heart disease, 376
Holt (**L. E.**), diseases of infancy and children (review), 96
Hoobler (**B. R.**) and **Howland** (**J.**), effect of cold, fresh air on blood-pressure in pneumonia, 476
Houda (**E. O.**), acetonæmia, 557
HOUSING, relation to isolation of scarlet fever and return cases, 362
Howland (**J.**) and **Hoobler** (**B. R.**), effect of cold, fresh air on blood-pressure in pneumonia, 476
Huber (**F.**), empyema in infants, 467

Hughes (Nurse), feeding and care of infants and children, with special reference to cases of difficult digestion (review), 480
Hulst (F. A.), pathology of chorea, 524
Humerus, fracture of, 77
Hunt (J. M.), tubercular laryngitis in infant, 428
Hutchinson's teeth, acquired syphilis in patient with, 285
Hutchison (R.), affections of genito-urinary system, 127
— cœliac disease, 229
— dyspepsias of children after age of infancy, 543
— hysterical vomiting; achylia, 161
— paralysis of the muscles of the neck (? poliomyelitis), 161
— and **Rainy (H.)**, Clinical Methods; A Guide to the Practical Study of Medicine (review), 524
Hutinel (V.), cardiac troubles following severe infections, 419
— late rickets, with muscular weakness, obesity, and retardation of generative functions, 513
— small bronchial dilatations, 172
Hydatid cyst of orbit, 563
Hydrocephalus in cerebral aplasia, 24
— with partial anencephaly, 510
Hynes (E. G.), Flexner's serum in cerebro-spinal meningitis, 332
Hyperpyrexia, 462
Hypersensitiveness (E. W. Goodall), 433
Hypertrophy, muscular, causing congenital stenosis of pylorus, 506
— pseudo-muscular, three cases in one family, 512
Hypothyroidism and hyperthyroidism in girl, 422

Ichthyol in treatment of whooping-cough, 331
Icterus gravis, familial, in newborn, 414
— habitual family, in newly born, 230
— neonatorum, study of, by means of duodenal catheter, 414
Idiocy, amaurotic family, or Tay-Sach's disease, 137, 376, 561
— — two cases (J. Turner), 193
— and congenital syphilis, relation between (H. R. Dean), 385
— and infantilism in cerebral mal-development, 546
Idiots, Mongolian, ocular conditions found in, 377
Ileum, congenital stenosis of, apparently of syphilitic origin, 231
— multiple diverticula of, 515
Imbecility and aphasia in acute nephritis, 508
Imerwol (V.), purulent pericarditis, 420
Impetigo contagiosa corporis, 41
Inclusion bodies, see *Leucocytic inclusion bodies.*
Indigestion, acute duodenal, 229
Infantilism, 21, 425
— (Herter's), 460
— — intestinal, 370
— renal (R. Miller and L. Parsons), 289
— and idiocy in cerebral mal-development, 546
— and polyuria (F. P. Weber), 211
— in chronic interstitial nephritis, 22, 337
Infections and inflammations, various, treated with tincture of iodine, 330
— severe, followed by cardiac troubles, 419
Infectious diseases, acute, Von Pirquet's tuberculin reaction in, 321
— — bed isolation of cases of, 408
— — gangrene in, 40
— — isolation in, 363
— — toxicity of urine in, 508
— — various, immunity of infants to, 321
Inflammations and infections, various, treated with tincture of iodine, 330
Ingelrans (L.), amaurotic family idiocy, 137
Instruments to facilitate per-oral tracheo-bronchoscopy, 409
Insufflation method of Meltzer and Auer, resuscitation of asphyxiated infants by, 414
Intestinal infantilism of Herter, 370
— intoxications, 369
— obstruction, paralytic, in newborn child, 237
— pseudo-occlusion and septicæmia due to pneumococcus, 225
— stasis, surgical treatment of, 517
Intoxication by liquid milk; tolerance of dry milk, 225
Intoxications, intestinal, 369
Intra-cranial hypertension in prolonged cerebro-spinal meningitis in infant; craniectomy, 169
— tumour (R. Miller), 22
Intubation of nearly eight years' duration; recovery, 429
Intussusception, 222, 550
— (acute) in infants, successful laparotomies for, 238
— chronic, case of, 320
— — caused by sarcoma, 468
— — mistaken for dysentery, 231
— in infant; resection; recovery, 515
— rare form of, 238
— retrograde enteric, 238
— subacute, 30
— two cases of, 170
Invagination, intestinal, 170
Iodine, disinfective power of, 239
— tincture of, toxic symptoms following use of, as skin disinfectant, 520
— — in infections and inflammations, 330
Iowa, acute poliomyelitis in, 232

Irido-choroiditis complicating varicella gangrænosa, 137
Iris, tuberculosis of, 562
Isolation in infectious diseases, 363
Ivanoff (W.), gangrene in typhus, 39

Jacob (M.), sub-periosteal abscess of mastoid, 186
Jacques, prevention of deafness in school-children, 92
Jalaquier and **Lamy**, congenital torticollis, subcutaneous tenotomy, 321
Jambé, complications of tonsillitis, 427
James (R. R.), penetrating injury of the globe with panophthalmitis due to gas-forming micro-organism, 136
Janvier (G. V.), diabetes, 550
Jaselius, tuberculin in tuberculosis of eye, 139
Jaundice, absence of, in child, aged 8 years, with malarial hypertrophic cirrhosis with ascites, 230
— anomalous, with enlargement of liver and spleen, and bile-stained teeth, 162
— chronic, and splenomegaly, 219
— emotional, 554
— fatal, of newly born, 83
— prolonged in first weeks of life, followed by green teeth, 161
— (recurrent), pyrexia, splenomegaly, anæmia and pigmentation of skin, 230
Jaw, upper, sarcoma of, in infant, 469
Jeanselme (E.), injection of the nursing mother with salvarsan, 183
— (and others), treatment of syphilis in sucklings with milk of goat treated with salvarsan, 184
Jemma (R.) and **de Cristina (G.)**, Leishman's anæmia, 373
Jenkins (G. J.), epignathus or teratoid tumour of nasal septum and base of skull, 409
Jesionek, salvarsan milk, 183
Jewesbury (R. C.), deformity of chest, 121
— hemiplegia, 121
Jex-Blake (A. J.), mild and latent cases of congenital heart disease, 418
Joints, proximal interphalangeal, of fingers, congenital flexion of, 25
— tuberculous disease of, after-results of major operations for, 542
— and bones, tuberculous disease of, position of treatment in London, 471
Jones (E. C.), carpo-pedal spasm, 221
de Jong and **Triboulet**, family of achondroplasics, 412
— — intestinal pseudo-occlusion and septicæmia due to the pneumococcus, 225
Jordan (R.), transposition of viscera, 164
Jordan (W.), cerebellar tumour, 165
— hemiplegia in case of chorea, 167
— polio-encephalitis, 166
Jordan (W. H.), tetanus neonatorum, 415
Jordan (W. R.), rheumatoid arthritis, 502
Joseph (H.), renal calculus, 131
Jourdanet, livedo annularis, 279
Joyce (C.), rare form of intussusception, 238

Kamberg (D. J.) and **van Henkelom (J. S.)**, osteogenesis imperfecta, 85
Kaspar (F.), typhoid fever in suckling, with rare complications, 38
Keck, diaphragmatic hernia of newborn, 417
Keiser (E. L.) and **Stoner (W. C.)**, syphilis and amentia, 514
Kellock (T. H.), traumatic pancreatic cyst, 546
Kennedy (A. M.), enlargement of thymus, remarkable case, 421
— and **Fleming (G. B.)**, complete heart-block in diphtheria, 322
Kennedy (J. C.), anti-tetanic serum in cure of tetanus? 37
Keratitis, interstitial (J. Allan), 539
— as cause of myopia, 378
Kerley (C. G.), dietetic and general management of typhoid fever, 327
Kerr (J. R.), thoracoplasty for chronic empyema, 519
Kerr (Le Grand), abdominal distress in children beyond infancy, 555
Kidney, echinococcus of, in child aged 11 years, 509
— one, multiple abscesses in, 132
— polycystic degeneration of, 509
— rupture of, 519
— tuberculous right, from child aged 12 months, 549
Kingsley (S. C.), open-air school work in Chicago, 91
Kirkby (W.), new and improved soda water (correspondence), 384
Kirmisson, calculus of ureter, 132
Klebs-Loeffler bacillus, unusual manifestations of infection with, 136
Knaggs (R. L.), congenital shortness of right femur due to delayed or absent ossific centre in head, 77
— fracture of humerus, 77
— sarcoma of femur resulting from fracture, 76
Knee-joint, congenital dislocations of, 134
Knowles (F. C.), multiple areas of pigmentation of eight years' duration, 281
Knox (J. H. Mason) and **Sprunt (T. P.)**, congenital obstruction of posterior urethra, 519
Koch (H.), perforation of trachea by tuberculous lymphatic gland, 464
Koessler (Mlle. L.), L'oscillométrie appliquée à l'étude de la tension artérielle chez les enfants (review), 564
Kolmer (J. A.), diphtheroid bacilli of penis, 79

Kolmer (**J. A.**), leucocytic inclusion bodies in scarlet fever, 461
— — — — with special reference to scarlet fever, 522
— and **Weston** (**P. G.**), bacterin treatment of septic rhinitis of scarlet fever, 332
— and **Woody** (**S. S.**), diazo-reaction in scarlet fever and serum sickness, 324
Koplik (**H.**), tetany and spasmophile tendency, 88
— tuberculosis in infancy and childhood, 463
Korybut-Daskiewicz (**B.**) and **de Biehler**, nasal diphtheria, 31
Kowarski (**K.**), progressive infantile familial amaurotic idiocy, 561
Kramer (**H.**), gangrene of leg following diphtheria, 32
Kraus, bromural in treatment of children's diseases, 180
— granulosis rubra nasi, 41
— impetigo contagiosa corporis, 41
Krefting (**R.**), heredity of syphilis, 284
— den Wassermann's Reaktion og dens Kliniske Betydning (review), 287
Kretschmer (**M.**), diagnostic value of leucocyte inclusion bodies in scarlet fever, 521
Kuh (**R.**), congenital dislocations of knee-joint, 134

Labbé and **Leroux**, complete transposition of viscera, 506
— — serum diagnosis in infantile heredo-syphilis and family syphilis, 283
Laborie (**M. Bruneau de**), radiotherapy in tuberculous adenopathy, 474
Labourdette and **Comby** (**J.**), Mongolian blue spots, 42
Lack (**H. Lambert**), chronic œdema of fauces and larynx, 409
Lactic ferment therapy, 367
Lactose, pyrogenetic action of, 523
Ladd (**M.**), digestion and nutrition of infants, 167
Lagane and **Marfan**, permeability of meninges to salicylate of soda, 82
Lahiri (**M.**), auto-serum treatment of ascites; cirrhosis of liver, 333
Laimé, results obtained in deaf and deaf-mute persons by re-education of the hearing, 425
de Lamothe and **Savariaud**, cerebellar and cerebral abscess of otitic origin, 425
Lamy and **Jalaquier**, congenital torticollis: subcutaneous tenotomy, 321
Landetevila, ulcerative stomatitis, 226
Landis (**H. R. M.**), venous hums, 80
Lane-Claypon (**Janet E.**), Report to the Local Government Board upon the Available Data in regard to the Value of Boiled Milk as Food for Infants and Young Animals (review), 432
Langdon (**H. M.**), non-operative treatment of concomitant strabismus, 224
Langmead (**F.**), acute rheumatism, 87
— anomalous jaundice, with enlargement of liver and spleen, and bile-stained teeth, 162
Lapage (**C. P.**), cutaneous reaction to tuberculin, 493, 532
— tuberculous disease and tuberculous infection, 543
Laparotomies, successful, for acute intussusception in infants, 238
Lapeyre (**V.**), diphtheria as complication of measles, 323
Lapham (**M.**), physical signs of pulmonary tuberculosis caused by nasal stenosis, 464
Laryngitis, tubercular, in infant, 428
— in varicella, 189
Laryngo-spasm following intra-nasal instillation of resorcin oil, 273
— — in broncho-pneumonia, 171
Laryngology in childhood, 82
Larynx, primary gangrene of, 553
— stenosis of, 363
— trachea and œsophagus, necrosis of, in scarlet fever, 429
— and fauces, chronic œdema of, 409
Lauritzen (**M**), treatment of diabetes mellitus, 180
Lauzun-Brown (**W.**), new galactagogue, 214
Leary (**G.**), diphtheria carriers in school epidemic, 322
Lederer (**R.**), influence of the neuropathic and psychopathic constitution on febrile diseases, 40
— and **Stolte** (**K.**), heart in scarlet fever, 324
Lediard (**H. A.**), sacral teratoma removed from female infant two days old, 315
Lee (**W. E.**), intussusception, 550
Leeches, application of, followed by severe secondary hæmorrhage, 421
— in air-passages, 189
Leedham-Green (**C.**), excision of spleen, 165
Leeds and West Riding Medico-Chirurgical Society, Proceedings, 76
Le Fever (**C. W.**), management of squint in children, 380
Leg, gangrene of, following diphtheria, 31
Leitão (**M.**), butyro-reaction of Noguchi-Moore in acute anterior poliomyelitis, 233
— case of tetany, 423
Lepto-meningitis, syphilitic, in sucklings, 286
Leroux (**H.**), mortality from contagious diseases at St. Joseph's Hospital, 364
— scarlatina complicated by left hemiplegia followed by typhoid fever complicated by intestinal hæmorrhage, 169

Leroux (**H.**) and **Labbé,** complete transposition of viscera, 506
— — serum diagnosis in infantile heredosyphilis and family syphilis, 283
Lesage (**A.**), La scarlatine (review), 96
— and **Collin,** case of delirium due to an infection without mental confusion or amnesia of fixation, 327
— — resistance to fatigue in children, 90
Leschly (**W.**) and **Thomsen** (**O.**), Wassermann's reaction in the blind, deaf-mutes and epileptics, 46
Lesieur (**C.**), nephro-typhoid, 39
Leslie (**R. M.**), teaching of eugenics in schools and colleges, 93
Lesné (and others), supra-renals in erysipelas, 326
— and **Françon,** some peculiarities of erysipelas in infants, 507
Leto (**L.**), primary gangrene of larynx, 553
Leucocytic inclusion bodies in scarlet fever, 461, 520, 522
— — — — diagnostic value, 521
— — — — blood, differential diagnosis by, 521
— — leucocytic, with special reference to scarlet fever, 522
Leucoderma and premature canities, 218
Leukæmia, lymphatic, acute, 371
— — — in infant, 371
— — with enlarged salivary glands, 372
— nodular (G. R. Ward), 348
Levaditi (**C.**), ætiology of scarlet fever, 520
Levitt (**M. J.**), retro-pharyngeal abscess, 189
Lewitt and **Porter,** pyloric obstruction in infants with muscular hypertrophy of pylorus, 553
Lian (**C.**) and **Barbier** (**H.**), herpes zoster and tuberculosis, 178
Limb, embolic gangrene of, following malignant diphtheria, 321
— lower, congenital deformities in, 220
Lindsay (**W. T.**) and **Farnsworth** (**C. P.**), chylangiomata, 468
Little's disease and congenital labial hemispasm, 225
Livedo annularis, 279
Liver, acute yellow atrophy of, 231
— cirrhosis of, auto-serum treatment of ascites, 333
— malignant embryonal adenoma of, in first year of life, 554
— and spleen, enlargement of, in anomalous jaundice, 162
Loeb (**H. W.**), nephritis, following acute tonsillitis, 130
Lordosis and albuminuria, 128
Lo Re (**M.**) and **Petrone** (**G. A.**), Röntgen-therapy in infantile splenomegaly, 474
Lorenz, avoidable accident during lumbar puncture, 510
Lorreyte (**G.**), treatment of congenital syphilis by injection of pregnant mother with salvarsan, 182
Loubet (**P.**) and **Grenet** (**H.**), Sydenham's chorea, with organic nervous symptoms, 363
Loumeau (**E.**), echinococcus of kidney in child, aged 11 years, 509
Louria, acute dilatation of the stomach complicating pneumonia, 466
Lovett (**R. W.**) and **Bradford** (**E. H.**), Orthopædic Surgery (review), 334
Low (**H. B.**) acute poliomyelitis in Edinburgh in 1910, 124
Lowenburg (**H.**), hyperpyrexia, 462
— massage ball for constipation in infants, 462
Lubman (**M.**), amygdalotomy and amygdalectomy, 187
Lues, congenital, effect of salvarsan upon, 182
Lumbar puncture, avoidable accident during, 510
— importance of, in plumbic ocular neuritis, 380
— — scarlatinal uræmia cured by, 130
— — in acute poliomyelo-encephalitis, 234
Lundsgaard (**K. K.**), acquired ocular palsies (?) Heine-Medin's disease, 560
Lung, abscess of, in typhoid fever, 326
— apex, right, pneumonia of, lasting twenty days, typhoid state, mutism, cure, 174
— cavity of, bruit in, 29
— cervical hernia of, and absence of sterno-mastoid muscle, congenital hemiatrophy of face and tongue on left side, 320
— gumma of, 268
Lungs of children, presence and distribution of carbon dust in, 466
Lutz, family with familial form of chorio-retinitis, 138
Lymphadenoma of tonsil simulating chancre, 427
Lymphatic gland, tuberculous, perforation of trachea by, 464
Lymphatism, 122
Lympho-sarcoma (retro-peritoneal), 461
Lyster (**R.**), Annual Report of the School Medical Officer for Hampshire, 1910 (review), 141

MacAusland (**M. R.**) and **Thompson, jun.** (**F. A.**), wound diphtheria, 31
McClanahan (**H. M.**), management of asthma in children, 476
McCririck (**T.**), purpura fulminans as sequela of scarlet fever, 154
McDonald, treatment of furunculosis by bacterial vaccines, 331
Macdonald (**M.**), verminous scholars, 92

Machell (H. T.), sexual precocity, 84
— thrombosis of femoral artery complicating typhoid fever, 326
McKenzie (D), enucleation of tonsils, 188
Mackenzie (J.) and **Price (F. W.)**, auricular fibrillation and heart-block in diphtheria, 419
Mackenzie (J. Ross), saline solution in epidemic diarrhœa, 343
Macmahon (J. J.), recurrent ophthalmoplegia, 560
MacMurchy (Helen), infant mortality (review), 140
MacNaughtan (N. S.) and **Rolleston (J. D.)**, familial von Recklinghausen's disease, 281
MacPhail (J. M.), massage in wasting diseases of children, 404
Macroglossia, case of, 234
Maculo-cerebral degeneration (familial), 138
Magnesium sulphate, intra-spinal injections of, in treatment of tetanus, 37
Maillet (F.), complications of tracheobronchial adenopathy, 464
Maisons (A. B.), nephritis in measles, 323
Maitland (H. S.) and **Elliott (D.)**, purpura fulminans following pneumonia, 374
Makuen (G. H.), pathology of deaf-mutism, 425
Malaria in early infancy, 39
— in infant simulating Von Jaksch anæmia, 372
Mallinckrodt (K.), vitiligo and chorea, 280
Malnutrition, cyanosis in infants due to, 368
Mammary function, methods of increasing, and contra-indications to nursing, 270
Mann (H. C.), treatment of summer diarrhœa, 477
Marchand (L.), epilepsy in child five days old, 84
Marfan (A. B.), congenital stenosis of pylorus from muscular hypertrophy, 506
— favourable effect from residence in high altitude in eczema of sucklings, 41
— large flabby abdomen of infants, 556
— (and others), Maladies des Os, 1912 (review), 48
— and **Fenillié**, experimental rickets, 225
— and **Lagane**, permeability of meninges to salicylate of soda, 82
Marple (W. B.), tubercle of choroid in tuberculous meningitis, 562
Marshall (C. F.), mortality and morbidity in hereditary syphilis, 4
— paternal transmission of syphilis, 204
— Syphilology and Venereal Disease (review), 431
Martini, cyclical vomiting with acetonæmia, 557
Marvell (E.), appendicitis in childhood, 515
Marx, phimosis in three brothers, 133
Mas (Y.), vaccination in pregnant woman and newborn children, 36
Masay (F.), temperature of premature children, 414
Massage in wasting diseases of children (J. M. MacPhail), 404
— ball for constipation in infants, 462
Mastoid, sub-periosteal abscess of, 186
Mastoiditis, symptom of, 185
— nigra (special form of mastoid infection) in chronic infantile otorrhœa, 186
Maternity, precocious, double spina bifida in child, 85
Matrossowitsch (R.), prolapse of parotid, 235
Mattei (C.) and **Rayan (L.)**, multiple malformations of cerebro-spinal axis, 275
Maxilla, mercurial necrosis of, 469
— superior, acute osteomyelitis of, in sucklings, 469
— — disease of, orbital cellulitis from, 562
— — necrosis of, in measles, 469
Maxillæ and dental arches, malformation of, necessity of orthodontic interference in, 426
Maxwell (J. P.), round worm (ascaris lumbricoides), 329
May (C.), familial icterus gravis in newborn, 414
Measles complicated by subcutaneous emphysema, 35
— diphtheria as complication of, 323
— experimental, in monkeys, 323
— necrosis of superior maxilla in, 469
— nephritis in, 323
— period of infectivity of blood in, 35
— recent advances in knowledge of, 522
— subclavian thrombosis in, 35
— toxicity of urine in, 508
— see also *Rash*, morbilliform.
Mediastinitis, chronic, 175
Megacolon congenitum, 517
Melæna neonatorum, 83, 416
— — treatment of, by human blood-serum injections, 416
Mello-Leitão, treatment of nocturnal enuresis in children, 454
Membranous discharge from nose in family (A. M. Gossage), 157
Meninges, permeability of, to salicylate of soda, 82
Meningitis, cerebro-spinal, epidemic, 327
— — — in Athens, 327
— — Flexner's serum in, 332
— — influenzal, 277
— — prolonged, in infant, intra-cranial hypertension, craniectomy, 169
— prolonged with cachexia, 30
— permeating mastoid, 186
— — suppurative, due to Pfeiffer's bacillus, 278
— tuberculous, 524

Meningitis, tuberculous, following erythema nodosum, 465
— — gastro-intestinal symptoms at onset of, 555
— — in suckling, 279
— — recovery from symptoms of, 278
— — tubercle of choroid in, 562
Meningococcus, rhino-pharynx as habitat of, 187
Menstruation, precocious, 425
Mental condition in rickets, 513
Mental confusion and amnesia of fixation: absence of. in case of delirium due to an infection, 327
— defect, congenital, and syphilis, relation between, 45
— development, arrested, with congenital absence of both thumbs, 86
— troubles in infantile epilepsy, cerebral tumour probable cause of, 89
Merck's (E.), Annual Report (review), 144
Merklen (**P.**), and **Nobécourt** (**P.**), renal functions in nephritis, 128
Merot (**E.**), poisoning by bromoform during whooping-cough, 328
Méry (**D.**), open-air schools, 91
Merzbacher, congenital axial extra-cortical aphasia, 276
Mesenteric glands; tuberculosis of, 465
Meslay, aortic insufficiency, 506
Metabolism (calcium) in infantile tetany, 423
Metropolitan Asylums Board hospitals, diphtheria in, 30
— — scarlet fever in, 33
Mezbomian (**A.**), malarial hypertrophic cirrhosis with ascites and no jaundice, 230
Micro-organism, gas-forming, causing panophthalmitis in penetrating injury of globe, 136
Middleweek (**F. F.**), Medical Gymnastics and Massage for the Treatment of Disease, Deformity and Injury (review) 240
Midland Medical Society, proceedings, 165
Mikulicz's disease, 372
Milk, certified, advantages of, 410
— dried, in infant feeding, 274
— dry, tolerance of, intoxication by liquid milk, 225
— (liquid), intoxication by, tolerance of dry milk, 225
— pasteurisation of, 366
— (salvarsan), 183
— subcutaneous injections, so-called galactogenic action, 367
— of eclamptic mothers, toxicity of, 366
— of goats treated with salvarsan in treatment of syphilis in sucklings, 184
— depôts for infants, 365
Milk-station work and reduction of infant mortality, 365
Millar (**H. S.**), epidemic cerebro-spinal meningitis, 327
Miller (**D. J. M.**), diagnosis of pleuritic effusions in infancy, 174
Miller (**R.**), cerebral maldevelopment (? sclerosis), with infantilism and idiocy, 546
— chronic interstitial nephritis with infantilism, 22
— intra-cranial tumour, 22
— mucous gastritis (correspondence), 335
— and **Parsons** (**L.**), renal infantilism, 289
Misch (**P.**), varicella in adult, 36
Mitchell (**Alex.**), appendicitis in children, 355
Moleen (**G. A.**), facial hemiatrophy, 86
Moll (**A.**), sexual life of the child (review), 381
Molony (**J. B.**) and **Rolleston** (**H. D.**), purpura in infective diarrhœa, 1
Moltschanoff (**W. J.**), Von Pirquet's tuberculin reaction in acute infectious diseases, 321
Mongolian blue spots, 42, 43, 225
Monkeys, experimental measles in, 32
Monson (**S. H.**), buphthalmia, 375
Montessori method of instructing children, effect of, on development of visual acuity, 559
Montet (**C. J.**), meningeal hæmorrhage in newly born, 84
Montier and **Guinon,** syndrome in infant, apparently connected with hypertrophied thymus, 273
Morancé and **Variot,** alteration caused by diet in abdominal girth of infants, 320
— — arterial transposition, congenital cyanosis without murmur, 29
— — pleural gurgling in child, 363
— — severe case of Raynaud's disease, 282
Morbus cordis, case of, 268
— maculosus neonatorum, 415
Morgan (**W. G.**), cardio-spasm in infants, 227
Morison (**A.**), deficient foramen ovale septum, 548
Morris (**J. N.**), fatal jaundice of newly born, 83
Morris (**R. S.**), "prune-juice" vomiting as symptom of cyclical vomiting, 558
Morrow and **Bridgman,** treatment of gonorrhœa in girls, 477
Morse (**J. L.**), lumbar puncture in acute poliomyelo-encephalitis, 234
— unusual cases of narrowing of œsophagus, 553
Mortality (infant), reduction of, 364
— — — milk station work and, 365
— and morbidity in hereditary syphilis (C. F. Marshall), 4
Moschcowitz (**A. V.**), torsion of uterine annexa in hernias of nurslings, 518
Mother (nursing), care of, 270

Mother (nursing), injection of, with salvarsan ("606") in congenital syphilis, 182, 183
— pregnant, injection of, with salvarsan in treatment of congenital syphilis, 182, 183
— and child, latent syphilis in, with positive Wassermann's reaction, 284
— and three children, congenital absence of patellæ and deformity of nails in, 23
Mothers, ability of, to nurse offspring, 269
Mouchet (A.), hereditary cleido-cranial dysostosis, 85
— and **Demelin**, large congenital serous cyst of neck, 169
Mouriquand (G.), diagnosis and prognosis of infantile pneumonia, 466
— and **Weill (E.)**, myocarditis and sudden death in scarlet fever, 34
— — severe secondary hæmorrhage following application of leeches, 421
Mummery (P. L.), shortening of left femur, 122
Mumps, ocular complications of, 563
Muscles, late results of transplantation of, for relief of talipes vulgus (paralytic), 120
— of neck, paralysis of (? poliomyelitis), 161
Muscular weakness, obesity, and retardation of generative functions in late rickets, 513
Mutism and typhoid state in pneumonia of right spine; cure, 174
Myasthenia gravis, 512
Myatonia congenita, 511
— — case of (J. R. Charles), 7
— Oppenheim's, 511
Myers (A. W.), subcutaneous injection of small quantities of human blood in spontaneous hæmorrhage of newly born, 416
Myocarditis and sudden death in scarlet fever, 34
Myopia, keratitis as cause of, 378
— prevention of, in school-children, 138
Myositis ossificans progressiva, 511
Myxœdema, congenital; cystic goitre with feeble mentality, 421
— endemic, 422

Naamé, ichthyol in treatment of whooping-cough, 331
Nageotte, intoxication by liquid milk, tolerance of dry milk, 225
— isolation in infectious diseases, 363
Nageotte-Wilbouchewitch, early treatment of scoliosis, 272
Nails, deformity of, and congenital absence of patellæ in mother and three children, 23
— — and hereditary absence of patellæ (A. C. D. Firth), 305
Naish (A. E.), infantilism with chronic interstitial nephritis, 337
Nasal secretion, *Spirochæta pallida* in, in congenital syphilis, 284
— stenosis, pulmonary tuberculosis due to, physical signs, 464
Naso-pharynx, relation of, to other regions, 426
— sarcoma of, 165
— and oro-pharynx, prophylaxis of, 187
National Association for the Prevention of Consumption (correspondence), 48
Navarro (J. C.) and **Acuna (M.)**, small bronchial dilatations, 172
Naville, amaurotic family idiocy, 137
Neck, large congenital serous cyst of, 169
— paralysis of muscles of (? poliomyelitis), 161
— tuberculous glands of, treatment, 475
Necrosis, mercurial, of maxilla, 469
— of larynx, trachea and œsophagus in scarlet fever, 429
— of superior maxilla in measles, 469
Neoplasm, congenital, of spinal theca, 84
Nephritis, acute, after impetiginous eczema, 508
— — with aphasia and imbecility, 508
— — primary, 129
— chronic, following scarlet fever, 130
— — interstitial infantilism and, 22, 337
— effect of hot-air baths in, 179
— following acute tonsillitis, 130
— hæmorrhagic, in congenital syphilis, 508
— in measles, 323
— in purpura, 129
— peculiar forms of hæmaturia in, 131
— renal functions in, 128
Nephro-lithotomy, bilateral, for multiple calculi, 132
Nephro-typhoid, case of, 39
Nerves, optic, atrophy of, amaurosis due to, accompanying tumor cerebri, 561
Nervous manifestations in rheumatism of childhood (F. J. Poynton), 49
— system, congenital syphilis of, 225
— — new disease of (congenital axial extra-cortical aphasia), 276
— — organic disease, symptoms in Sydenham's chorea, 363
Nesbitt (M. D.), hæmorrhage from stomach in newly born, 83
Ness (R. B.), manifestations of acute rheumatism, 65
Netter and **Debré**, rhino-pharynx as habitat of the meningococcus, 187
Neuritis, peripheral, following scarlet fever, 34
— plumbic ocular, importance of lumbar puncture in, 380
Neuroma, plexiform, of lid and orbit, 563
Neuropathic constitution, influence of, on febrile diseases, 40

Neustaedter (**M.**) and **Shea** (**W. C.**), experimental poliomyelitis, 234
— and **Thro** (**W. C.**), experimental poliomyelitis, 234
Newborn, multiple fractures in, 82
Newell, use of cold baths in diseases of children, 179
Nicholson (**W. R.**), treatment of malæna neonatorum by human blood-serum, 416
Nicoll (**M., jun.**), inclusion bodies in scarlet-fever blood as means of differential diagnosis, 521
— and **Williams** (**A. W.**), inclusion bodies in blood in scarlet fever, 521
Nicolle (**C.**) and **Conseil** (**E.**), typhus fever in children, 327
Nielsen (**L.**), acquired syphilis in patient with Hutchinson's teeth, 285
— latent syphilis in mother and child with positive Wassermann's reaction, 284
Nixon (**J. A.**), household syphilis and acquired syphilis, 285
Nobécourt (**P.**), Conférences pratiques sur l'alimentation des nourrissons (review), 478
— Précis de Médecine Infantile (review), 94
— (and others), urea in cerebro-spinal fluid of infants affected with gastro-intestinal disturbances and sclerema, 412
— and **Darré,** cerebral rheumatism with acute mental disturbance; presence of salicylic acid in cerebro-spinal fluid, 81
— and **Merklen** (**P.**), renal functions in nephritis, 128
— and **Sevestre,** prolonged cerebro-spinal meningitis, intra-cranial hypertension, craniectomy, 169
Noeggerath, treatment of syphilitic sucklings with salvarsan, 286
Norbury (**L. E. C.**), subacute arthritis of shoulder-joint (due to an organism of the *Bacillus enteritidis* type), 219
Nordmann (**O.**), spastic ileus, 237
Nose, dermoid cyst of, 426
— diseases of, vaccine therapy in, 426
— median dermoid cyst of (M. Yearsley), 160
— membranous discharge from, in family (A. M. Gossage), 157
Nursing, contra-indications to, 270
— maternal, 269–272
— preparation for, in mother, 270
— mothers, premiums for, 365
Nutrition and digestion of infants, studies in, 167

Oatman (**E. L.**), maculo-cerebral degeneration (familial), 138
Obesity, muscular weakness, and retardation of generative functions in late rickets, 513
Occipital atlas and atlo-axis dislocation, 133
Ocular complications of mumps, 563
— conditions found in Mongolian idiots, 377
— manifestations associated with forms of chronic cyanosis, especially in congenital heart disease, 376
Œdema, chronic, of fauces and larynx, 409
— in infants, 374
— neonatorum, 417
— purulent, accompanying streptococcal septicæmia in varicella, 325
Œsophagus, congenital atresia of, with tracheal fistula, 429
— diphtheria of (J. D. Rolleston), 12
— foreign bodies in, two cases of, 225
— narrowing of, unusual cases, 553
— post-scarlatinal structure of, 430
— stricture of, 429
— trachea and larynx, necrosis of, in scarlet fever, 429
Olivier (**E.**), Anatomie Topographique et Chirurgie du Thymus (review), 192
Ombrédanne (**L.**), intestinal invagination, 170
— Technique chirurgicale infantile: indications operatoires; operations courantes (review), 525
Omphalorrhagia neonatorum, 415
Operations, major, for tuberculous disease of joints, after-results of, 542
Ophthalmia neonatorum, 136, 223
— — intra-uterine, 135
— phlyctenular, ætiology of, 561
Ophthalmic school clinics, 380
Ophthalmology, vaccine treatment in, 563
Ophthalmoplegia, recurrent, 560
Opotherapy, suprarenal, 333
Oppikofer (**E.**), necrosis of larynx, trachea, and œsophagus in scarlet fever, 429
Orbit, affections of contents of, after tooth extraction, 562
— hydatid cyst of, 563
— spontaneous hæmatomata of, 136
— and lid, plexiform neuroma of, 563
Ormond (**A. W.**), ocular conditions found in Mongolian idiots, 377
Oro-pharynx and naso-pharynx, prophylaxis of, 187
Orsi (**E.**), peculiar forms of hæmaturia in infantile nephritis, 131
Orthodontic interference in malformation of dental arches and maxillæ, necessity of, 426
Osteitis, fibrous and fibro-cystic, distinction between, 543
Osteo-arthritis, proliferative, of hip, 163
Osteogenesis imperfecta, 85, 470
Osteoma of tibia, 461
Osteomalacic deformities, 506
Osteomyelitis, acute, of superior maxilla in sucklings, 469

Osteomyelitis, costal, death from septicæmia, 273
Osteopsathyrosis, 470
Ostheimer (M.), infantilism of Herter, 460
Ostronoki (S.), anæmia splenica infantum, 372
Otitis media, acute, 184
— — purulenta chronica, ætiological factors of, 185
Otology, retrospect of, 1911 (M. Yearsley), 19
Otorrhœa, chronic infantile, special form of mastoid infection in (mastoiditis nigra), 186
Ott (L.), clinical significance of deglutition click or fremitus, 465
Ovarian cyst (twisted) and appendicitis with hæmorrhage, 236
Ovary, sarcoma of, 468
Owen (F. S.), conservation of vision, 138
Oxyuris and appendicitis, 516
— and trichocephalus appendicitis, 516
— vermicularis, frequency of, in children, 329

Page (H.), treatment of diphtheria bacillus carriers, 33, 322
Paget (O. F.), rupture of common bile-duct, 235
Paillaise and **Ginet**, membranous conjunctivitis in newborn child, 375
Palsies, acquired ocular (? Heine-Medin's disease), 560
Palsy, cerebral, 220
— infantile, with trophic changes in epiphyses about shoulder, 78
Pancreas, traumatic cyst of, 546
Pancreatitis, acute hæmorrhagic, 230
Panophthalmitis due to gas-forming micro-organism in penetrating injury to globe, 136
Papapanagiotu (A.), epidemic cerebro-spinal meningitis in Athens, 327
Paralysis, bilateral deltoid, 219
— (facial), following fall, 412
— (pseudo-bulbar glosso-labial), 276
— (of diphtheritic origin) of the two external recti, 273
— of hypertrophied heart, causes of, 420
— of muscles of neck (? poliomyelitis), 161
Paramyoclonus multiplex epilepticus of Unverricht, 513
Paranhos, extreme somnolence in ankylostomiasis, 330
— peculiar form of anæmia in infants, 371
Paraplegia, hereditary spastic, 276
Parasites, intestinal, frequency of, in children, 329
Parathyroid glands and infantile spasmophilia, 423
— — and infantile tetany, 422
Parents, tuberculous, examination of children of, 464
Parkinson (H. H.), stramonium poisoning, 328
Parkinson (J. P.), congenital syphilis, hæmaturia, 545
— and **Drew (D.)**, purulent pericarditis 218
Parotid, prolapse of, 235
Parotitis, double, in complication of typhoid fever, 39
— primary suppurative, in early infancy, 227
Parsons (L.) and **Miller (R.)**, renal infantilism, 289
Pasteurisation of milk, 366
Patellæ, congenital absence of, and deformity of nails in mother and three children, 23
— hereditary absence of, and deformity of nails (A. C. D. Firth), 305
Pease (M. C.) and **Pisek (G. R.)**, anaphylaxis and pediatrics, 366
Pedersen (V. C.), death from renal adenosarcoma, 519
Péhu, general and local reaction to tuberculin, 177
Peifer (A.), malignant embryonal adenoma of liver in first year of life, 554
Peiser (J.), cylindruria, 128
Pellagra, case of, originating in Pennsylvania, 328
— in northern Italy, 328
Pelvis, sarcoma of, 468
Penis, diphtheroid bacilli of, 79
— subluxation of, 133
— true diphtheria of, following circumcision, two cases, 79
Pericarditis, purulent, 218, 420
— in typhoid fever, 38
Peristalsis, visible gastric, in sucklings, 228
Peritonitis, acute diffuse gonorrhœal, 237
— — (probable appendicular), in infant 5 days' old, 273
— pneumococcal, 516
— — (H. C. Cameron), 258
Peritonsillar abscesses, 187
Perkins (J. J.), National Association for the Prevention of Consumption (correspondence), 48
Perquis (J.) and **Chevrel (F.)**, chronic tonsillitis caused by a staphylobacillus, 427
Pertussis, treatment of, with vaccine, 331
— vaccine as curative and prophylactic agent, 331
Peterson (F.), sensory reactions in newborn, 413
Petit (P.), grave infantile atrophy, 367
— and **Variot**, bruit in a pulmonary cavity, 29
Petrone (G. A.) and **Lo Re (M.)**, Röntgen-therapy in infantile splenomegaly, 474

Petrone (**G. A.**) and **Vitale** (**C.**), infantile spasmophilia and parathyroid glands, 423
Pfeiffer's bacillus, suppurative cerebro-spinal meningitis due to, 278
Phalanx, third digital, removal of, with formation of new joint, 134
Philadelphia Pediatric Society, award of prize, 461
— — — Proceedings, 26, 79, 125, 167, 221, 269, 410, 460, 550
Phillips (**J.**), acute yellow atrophy of liver, 231
Phimosis occurring in three brothers, 133
Phlyctenulosis, relation to tuberculosis, 465
Pierret and **Boquillon**, herpes zoster, sign of latent tuberculosis, 178
Pigmentation, multiple areas of, of eight years' duration, 281
— of skin, anæmia, splenomegaly, pyrexia and recurrent jaundice, case of, 230
Pillon (**M.**), Wassermann's reaction in newborn, 45
Pincherle (**M.**), lordosis and albuminuria, 128
Pisek (**G. R.**), influence of milk station work on reduction of infant mortality, 365
— and **Chapin** (**H. D.**), Diseases of Infants and Children (review), 382
— and **Coffin** (**H. C.**), polygraph as aid in diagnosis of cardiac conditions, 418
— and **Pease** (**M. C.**), anaphylaxis and pædiatrics, 366
Place (**E. H.**), Vincent's angina, 188
Planchu (**E.**), resuscitation of asphyxiated infants by insufflation method of Meltzer and Auer, 414
Pleural effusions, increased sub-clavicular expansion in, 467
— — in infancy, diagnosis of, 174
— gurgling in child, 363
Pleurisy, hæmorrhagic, 174
— left, with excessive effusion, and syncopal phenomena, 174
— and scoliosis, case of, 363
Pneumococcus, intestinal pseudo-occlusion and septicæmia due to, 225
— producing ulcerative endocarditis, 317
Pneumo-hypoderma (emphysema cutis), 280
Pneumonia, blood-pressure in, effect of cold fresh air on, 476
— complicated by acute dilatation of stomach, 466
— followed by purpura fulminans, 374
— infantile, diagnosis and prognosis of, 466
— of right apex, lasting twenty days; typhoid state; mutism; cure, 174
Poënaro-Caplesco (**C.**), case of hæmorrhoids, 238
Poisoning by belladonna, 329
— by bismuth paste, fatal case, 329
— by bromoform during whooping-cough, 328
— by stramonium, 328
Polio-encephalitis, 166
Poliomyelitis in Devon and Cornwall in 1911, 124
— acute, in Edinburgh in 1910, 124
— — in Iowa, 232
— — anterior, butyro-reaction of Noguchi-Moore in, 233
— (?), anterior, 548
— epidemic, 233
— — acute, contagion of, how to avoid, 233
— — — transmission, agent of, 233
— experimental, 234
Poliomyelo-encephalitis, lumbar puncture in, 234
Pollak, syphilitic arthritis, 286
Pollini (**L.**), presence and distribution of carbon dust in lungs of children, 466
Polyarthritis deformans in girl, aged 14 years, 87
Polycystic degeneration of kidneys, 509
Polygraph as aid in diagnosis of cardiac conditions, 418
Polyuria with infantilism (F. P. Weber), 211
Pomeroy (**L A.**), vaginal hæmorrhage in newborn, 83
Pont and **Savariaud**, costal osteomyelitis; death from septicæmia, 273
— — supernumerary thumbs, 274
Ponticaccia (**M.**), progressive family amyotrophy (type, Charcot-Marie), 512
Pooley (**G. H.**), hydated cyst of orbit, 563
Porak, Mongolian blue spots, 225
Porter and **Lewitt**, pyloric obstruction in infants with muscular hypertrophy of pylorus, 553
Posey (**W. C.**), orbital cellulitis from disease of superior maxilla, 562
Pott's disease, treatment of, by transplantation of portion of tibia into spine, 135
Potter (**P. A.**), œdema in infants, 374
Power (**D.**), sarcoma causing chronic intussusception, 468
Poynton (**F. J.**), case of morbus cordis, 268
— congenital family cholæmia, 545
— nervous manifestations in rheumatism of childhood, 49
— psoriasis and flexion of terminal phalanx of thumb, 22
— rachitic dwarf, 268
Pratnitzky (**N.**), Riga's disease, 226
Precocity, sexual, 84
Preiswerk (**R.**), osteogenesis imperfecta, 470
Preleitner (**K.**), post-scarlatinal stricture of œsophagus, 430

Price (**F. W.**) and **Mackenzie** (**J.**), auricular fibrillation and heart-block in diphtheria, 419
Priestly (and others), Staffordshire County Council, Annual Report of the School Medical Officer for the year 1910 (review), 142
Pritchard (**E.**) and **Stephenson** (**S.**), cerebellar tumour, 120
Proptosis, 377
Provier (**A.**), gastro-intestinal symptoms at onset of tuberculous meningitis, 555
Psoriasis and flexion of terminal phalanx of thumb, 22
Psychasthenia in child aged 2 years, due to coffee drinking, 89
Psychopathic constitution, influence of, upon febrile diseases, 40
Ptosis, congenital, with associated lid movements of affected eye, 560
Pulmonary embolism as sequel of diphtheria, 322
Puppies, experiments as to influence of heat on, 507
Purpura in infective diarrhœa (H. D. Rolleston and J. B. Molony), 1
— nephritis in, 129
— fulminans as sequela of scarlet fever (T. McCririck), 154
— — following pneumonia, 374
— hæmorrhagica, 374
— — in convalescence from scarlet fever, 325
Pylorus, congenital stenosis of, 235
— — — from muscular hypertrophy, 506
— muscular hypertrophy of, accompanying pyloric obstruction, 553
Pyrexia, recurrent jaundice, splenomegaly, anæmia and pigmentation of skin, case of, 230

Queen's Hospital for Children, ten years as dental surgeon to (S. F. Rose), 111

Rach, gangrene of vulva, 41
Rach (**E.**), and **Reuss** (**A. V.**), ætiology of cystitis in male infants, 133
Rach (**G.**), syphilitic lepto-meningitis in sucklings, 286
Radio-therapy in treatment of hypertrophied thymus, 473
— in tuberculous adenopathy, 474
Raffaelli (**G.**), precocious menstruation, 425
Raillet, larnygo-spasm following intra-nasal instillation of resorcin oil, 273
Rainer (**N.**), subluxation of penis, 133
Rainy (**H.**), and **Hutchison** (**R.**), Clinical Methods ; a guide to the practical study of medicine (review), 524
Ramsay (**A. M.**), proptosis, 377
Ransome (**A. S.**), and **Corner** (**E. M.**), gangrene of leg following diphtheria, 31
Rash, giant papulo-tubercular bromide, 273
— morbilliform, in child, 118
Rault (**M.**), paroxysmal hæmoglobinuria, 509
Rayan (**L.**) and **Mattei** (**C.**), multiple malformations of cerebro-spinal axis, 275
Raynaud's disease, severe case of, 282
Recklinghausen's disease, 280
— (familial), 281
Recti muscles, two external, paralysis of, diphtheritic origin, 273
Rectum, prolapse of, 239
Reece (**R. J.**), poliomyelitis in Devon and Cornwall in 1911, 124
Rehn (**H.**), habitual family icterus in newly born, 230
Reiche (**F.**), acetonuria in diphtheria, 131
Reinhardt (**A.**), cutaneous diphtheria, 40
Renal functions in nephritis, 128
Rendu and **Chatin,** galactogenic action of subcutaneous injections of milk, 367
— — localised and confluent varicella, 325
Renault (**J.**) and **Cain** (**E.**), lymphadenoma of tonsil simulating chancre, 427
Repellin and **Delèarde,** anasarca without albuminuria or cardiopathy in girl suffering from hereditary syphilis, 374
Resorcin oil, intra-nasal instillations of, followed by laryngo-spasm, 273
Respiration, slowing of, in tracheo-bronchial adenopathy, 464
Retina, disease of, with detachment, 379
Retroperitoneal lympho-sarcoma, 461
Retro-pharyngeal abscesses, 189
— — treatment of, 187
Reuben (**M. S.**), hereditary syphilis and Wassermann reaction, 46
— splenomegaly (Gaucher), 424
Reuss (**A. V.**) and **Rach** (**E.**), ætiology of cystitis in male infants, 133
Revillet (**M. L.**), endemic myxœdema, 422
Reynès (**H.**), paralytic intestinal obstruction in newborn child, 237
Rhea (**L. J.**), cerebro-spinal meningitis due to influenza bacillus, 277
Rhein (**J. H. W.**), tuberculous meningitis, 524
Rheumatic affections, salicylates in, limitations to successful employment of, 180
Rheumatism, manifestations of, in children, 88
— pseudo-tuberculous arthritis due to, 471
— acute, manifestations of, in boy, aged 10 years (R. B. Ness), 65
— — prevalence and consequences of, among children of school age, 87
— cerebral, with acute mental disturbance; presence of salicylic acid in cerebro-spinal fluid, 81
— of childhood, nervous manifestations in (F. J. Poynton), 49

Rheumatoid arthritis, case of (W. R. Jordan), 502
Rhinitis caseosa, case of, 77, 186
— membranous, 186
— (septic), of scarlet fever, bacterin treatment of, 332
Rhino-pharynx as habitat of meningococcus, 187
Ribadeau-Dumas (L.) and **Weil (A.)**, hypertrophied thymus treated by radio-therapy, 473
Richards (G. L.), acute otitis media, 184
Richards (J. H.), omphalorrhagia neonatorum, 415
Rickets, anæmia associated with, 371
— experimental, 225
— late, with muscular weakness, obesity, and retardation of generative functions, 513
— mental condition in, 513
Riddell (J. R.), treatment of ringworm of scalp, 282
Ries-Finley (A.), infantile pernicious vomiting and rectal hæmorrhage, 416
Riga's disease, 226
Ringworm of scalp, treatment of, 282
Riva-Rocci (S.), examination of sputum in children, 171
Rocher (H. L.), mercurial necrosis of maxilla, 469
— sarcoma of upper jaw, 469
Roederer, scoliosis and pleurisy, 363
Rogers (L.), use of hypotonic salines controlled by estimation of specific gravity of blood in infantile diarrhœa, 477
Rolland (R). and **Harvier (P.)**, diphtheria of stomach, 31
Rolleston (C.), Annual Report for 1910 to the Rutland County Council Education Committee (review), 143
— Rutland County Council Public Health Report for the year 1910 (review), 144
Rolleston (H. D.) and **Molony (J. B.)**, purpura in infective diarrhœa, 1
— and **Trevor (R. S.)**, cerebral aplasia with hydrocephalus, 24
Rolleston (J. D.), destruction of uvula in Vincent's angina, 267, 311
— diphtheria of œsophagus, 12
— the blood-pressure in scarlet fever, 444
— and **MacNaughtan (N. S.)**, familial von Recklinghausen's disease, 281
Rollet and **Grand-Clément**, chancre of lid, 136
Romeo, non-diphtheritic membranous angina in broncho-pneumonia, 466
Röntgen-therapy in infantile splenomegaly, 474
Rose (S. F.), ten years as dental surgeon in a children's hospital, 111
Rosenstern (I.), renal hæmorrhage, 130
Roughton (E. W.), successful laparotomies for acute intussusception in infants, 238
Round worm (*Ascaris lumbricoides*), 329
Roux, chorea and infection, 363
Roux (E.), nephritis in purpura, 129
Roux (J.), craniotabes and syphilis, 170
Royal Society of Medicine, proceedings, 267
— — Section for Study of Disease in Children, proceedings, 21, 72, 120, 161, 218, 544
— — Epidemiological Section, proceedings, 124, 319, 362, 408
— — Laryngological Section, proceedings, 409
— — Obstetrical and Gynæcological Section, proceedings, 220
— — Odontological Section, Proceedings, 410
Rozenblat, local reactions to tuberculin, 177
Rugh (J. T.), osteoma of tibia, 461
Ruhräh (J.), Manual of the Diseases of Infants and Children (review), 240
Rumination in children, 555
Rundle (C.), bed isolation of cases of infectious diseases, 408
— and **Harries (E. H. R.)**, clinical aspect of infantile diarrhœa in relation to recent bacteriological work, 369
Ruotsalainen (A.), frequency of intestinal parasites, especially of *Oxyuris vermicularis*, in children, 329

Sabouraud (R.), frequency of alopecia areata at different ages, 42
St. Joseph's Hospital, mortality from contagious diseases at, 364
Saint-Philippe (R.), dangers of whooping-cough, 36
Salicylate of soda, permeability of meninges to, 82
Salicylates in rheumatic affections, limitations to successful employment of, 180
Salicylic acid, presence of, in cerebro-spinal fluid in cerebral rheumatism with acute mental disturbance, 81
Saline solution in epidemic diarrhœa, 343
Salines, hypotonic use of, controlled by estimation of specific gravity of blood in infantile diarrhœa, 477
Salivary glands, enlarged, in case of lymphatic leukæmia, 372
Salle (Y.), influence of high external temperature of air on secretory activity of stomach, 227
Salter (A. G.), œsophageal stricture, 429
Salvarsan ("606"), effect of, on congenital lues, 182
— injection of nursing mother with, in congenital syphilis, 182, 183
— treatment of congenital syphilis by, 181
— — — by injection of pregnant mother with, 182

Salvarsan ("606"), treatment of hereditary syphilis by, 182
— — of syphilis in sucklings with milk of goat treated with, 184
— — of syphilitic sucklings, 286
Salvarsan, milk, 183
Salzer (H.), appendicitis in childhood, 235
Sarcoma causing chronic intussusception, 468
— of femur resulting from fracture, 76
— of naso-pharynx, 165
— of ovary, 468
— of pelvis, 468
— of upper jaw in infant, 469
Sarcomatosis, cutaneous, in children, 41
Sargnon and others, adenoids in suckling, 188
Sassy and **Soubeyran**, tonsillar and peritonsillar abscesses, 187
Saunders, aural complications of the exanthemata, 185
Saunders (E. W.) and others, pertussis vaccine as curative and prophylactic agent, 331
Savariaud, congenital dislocation of hip, 133
— multiple fractures in newborn, 82
— treatment of hernia in infants, 412
— and **de Lamothe**, cerebellar and cerebral abscess of otitic origin, 425
— and **Pont**, costal osteomyelitis; death from septicæmia, 273
— — supernumerary thumbs, 274
— and **Triboulet**, chronic intussusception, 320
Savini (M. and Mme.), varicella in adult, 36
Sawyer (J. E. H.), congenital heart disease, 166
— frequency of consumption in children, 176
Scalp, chancre of, in infant, 44
— ringworm of, treatment, 282
Scarlatina, see *Scarlet fever*.
Scarlet fever, acute suprarenal insufficiency in, 324
— — ætiology of, 520
— — blood-pressure in (J. D. Rolleston), 444
— — complicated by left hemiplegia, followed by typhoid fever complicated by intestinal hæmorrhage, 169
— — heart in, 324
— — inclusion bodies in blood in, differential diagnosis by, 521
— — isolation of, and return cases, relation of housing to, 362
— — leucocyte inclusion bodies in, 461, 520, 522
— — — — diagnostic value of, 521, 522
— — myocarditis and sudden death in, 34
— — necrosis of larynx, trachea and œsophagus in, 429
— — necrotic angina in, 413
Scarlet fever, neglected symptom in, 323
— — purpura fulminans as sequela of (T. McCririck), 154
— — purpura hæmorrhagica in convalescence from, 325
— — recurrence of, 34
— — septic rhinitis of, bacterin treatment, 332
— — stricture of œsophagus following, 430
— — symmetrical gangrene of skin in, 324
— — thyroiditis in, 422
— — and serum sickness, diazo-reaction in, 324
— — followed by chronic nephritis, 130
— — — by diabetes mellitus, 132
— — — by peripheral neuritis, 34
— — in Metropolitan Asylums Board hospitals, 33
Schaps (L.), tuberculous meningitis in suckling, 279
Schelling (C.), extraction of teeth from newly born child, 410
Schlieps (W.), cardio-sphygmographic observations in typhoid fever, 38
Schloss (E.), Ueber Sauglingser-nährung (review), 525
Schloss (O. M.) and **Commiskey (L. J. T.)**, ætiology and treatment of so-called hæmorrhagic disease of newly born, 415
Schlutz (F. W.), pyrogenetic action of lactose, 523
Scholars, verminous, problem of, 92
Scholes (F. Y.), laryngeal diphtheria, 189
Scholz (L.), Anomale Kinder (abnormal children), (review), 287
— osteopsathyrosis, 470
School-children, prevention of deafness in, 92
— — of myopia in, 138
— tuberculous, 91
Schools, open-air, 91
— — at Chicago, 91
— — Darlington, 90
— — at Halifax, 91
— — Sheffield, 90
— and colleges, teaching of eugenics in, 93
Schorer (E. H.), pasteurisation of milk, 366
Schreiber (G.), Le Livret de la Famille (review), 527
— and **Comby**, syphiloma of tongue, 45
— and **Dorlencourt**, experiment as to influence of heat on puppies, 507
Schwartz (H.) and **Bass (M. H.)**, calcium metabolism in infantile tetany, 423
Schweinitz (G. E. de), prevention of blindness and instruction of the blind child, 559
Schweizer (F.), hereditary spastic paraplegia, 276
— recovery from tetanus neonatorum, 84
— and **Acuña (M.)**, hereditary syphilis treated with salvarsan, 182

Scleredema, patchy adipose, 412
— and gastro-intestinal disturbances, urea in cerebro-spinal fluid of infants affected with, 412
Sclerodermia, 281
— general œdematous, 170
— with facial hemiatrophy, 282
Sclerotics, blue, four generations of, 376
Scoliosis, early treatment of, 272
— and pleurisy, case of, 363
Scott (H. M.), tinea capitis, 42
Scott-Moncrieff (Maj., I.M.S.), leech in air-passages, 189
Scudder (C. L.), pyloric stenosis, 26
Sedgwick (J. C.), creatinin and creatin excretion in recurrent vomiting, 558
— relation of adenoids to recurrent vomiting, 428
Sensory reactions in newborn, 413
Septicæmia, death from, in costal osteomyelitis, 273
— streptococcal, with purulent œdema in varicella, 325
— and intestinal pseudo-occlusion due to pneumococcus, 225
Septum, nasal, and base of skull, epignathus or teratoid tumour of, 409
Sergent (E.), adrenalin in treatment of tuberculosis, 476
— supra-renal opotherapy, 333
Sero-therapy, anti-meningococcal, failures in, 332
Serum, anti-tetanic, question of, as cure for tetanus, 37
— diagnosis in infantile heredo-syphilis and family syphilis, 283
— eruptions, prevention of, by administration of calcium chloride, 32
— reaction, 32
— sickness and scarlet fever, diazo-reaction in, 324
— see also *Anti-streptococcus serum.*
— — *Flexner's serum.*
Sevestre (J.), blood and hæmopoietic organs in heredo-syphilis, 522
— and **Nobécourt (P.)**, prolonged cerebro-spinal meningitis; intra-cranial hypertension; craniectomy, 169
Sexual development, precocious, in association with abdominal tumour, 76
Sézary (A.), erythema nodosum and tuberculous meningitis, 465
Sharp (A. A.) rhinitis caseosa, 77
Shaw (J. H.) dislocation of hip caused by infectious arthritis, 471
Shea (W. C.) and **Neustaedter (M.)**, experimental poliomyelitis, 234
Sheffield (H. B.), amaurotic family idiocy, 376
— atresia ani et recti, 518
— bilateral anophthalmos, 375
— congenital myxœdema; cystic goitre with feeble mentality, 421
Sheffield (H. B.), megacolon congenitum, 517
— œdema neonatorum, 417
— pneumo-hypoderma (emphysema cutis), 280
— primary spleno-hepatomegaly in brother and sister, 425
— tetanism, 424
Sheffield open-air school, 90
Sheldon (S.), sudden death after diphtheria, 32
Shoulder and hip, arthritis of (? tuberculous), 163
Shoulder-joint, subacute arthritis of, due to organism of *Bacillus enteriditis* type, 219
Shukowsky (W. J. P.) and **Baron (A. A.)**, congenital atresia of œsophagus with tracheal fistulæ, 429
— — tumor cerebri with amaurosis due to atrophy of optic nerves, 561
— and **Ssinjoff (W.)**, polycystic degeneration of kidneys, 509
Silberstein (L)., symmetrical gangrene of skin in scarlet fever, 324
Simon (J.), spina bifida, 85
Simpson (G.), bilateral nephro-lithotomy for multiple calculi, 132
Simpson (N. S.), value of anti-streptococcus serum (polyvalent) in erysipelas, 333
Sinclair (J. F.), acute epiphysitis, 79
— case of congenital heart disease, 460
— gastro-enteritis with interesting complications, 551
Skin, calcareous and subcutaneous tumours, 280
— symmetrical gangrene of, in scarlet fever, 324
— tincture of iodine as disinfectant for, followed by toxic symptoms, 520
Skin tumours, calcareous, 280
Skull, bony growth on, 267
— base of, and nasal septum, epignathus or teratoid tumour of, 409
— compound depressed fracture of, followed by cerebral abscess, 77
— value of percussion of, in children, 274
Smart (Isabelle T.), Mysteries of Life (review), 192
Smith (A. D.), vesical calculus in boy, aged 5 years, 519
Smith (E.), post-nasal catarrh and consequences of, 187
Smith (E. B.), congenital word-deafness and other defects, 23
Smith (F. F. Strother), cæcum and appendix in left inguinal hernia, 518
Smith (M.), ætiological factors of otitis media purulenta chronica, 185
Snake-bite, 329
Snow (I. M.), Oppenheim's myatonia, 511
Société de Pédiatrie, Paris, proceedings, 29, 169, 225, 272, 320, 363, 412, 506

Somnolence, extreme, in ankylostomiasis, 330
Souter (**W. C.**) and **Thomson** (**J. E. G.**), congenital ptosis with associated lid movements of affected eye, 560
Soubeyran and **Sassy,** tonsillar and peritonsillar abscesses, 187
Spasmophilia, diathesis of, 89
— infantile and parathyroid glands, 423
— tendency to, and tetany in infancy and childhood, 88
Spastic ileus, 237
Speese, urethral calculi, 222
Spina bifida, double, in child of mother aged 14 years, 85
— — three cases, 85
Spina ventosa, tuberculous, of tibia, 170
Spine, transplantation of portions of tibia into, for Pott's disease, 135
Spirochæta pallida in nasal secretion in congenital syphilis, 284
Spleen, excision of, 165
— and liver, enlargement of, in anomalous jaundice, 162
Splenectomy in splenic anæmia, 373
Spleno-hepatomegaly (primary) in brother and sister, 425
Splenomegaly (Gaucher), 424
— infantile, Röntgen-therapy in, 474
— (recurrent), jaundice, pyrexia, anæmia and pigmentation of skin, case of, 230
— and chronic jaundice, 219
Sprunt (**T. P.**) and **Knox** (**J. H. Mason**), congenital obstruction of posterior urethra, 519
Sputum, examination of, in children, 171
Squint, concomitant, following injury to head and eye, 379
— management of, in children, 380
— treatment of, early, 380
Sinjoff (**W.**) and **Shukowsky** (**W. P.**), polycystic degeneration of kidneys, 509
Stamm (**C.**), convulsions in newly born, 417
Staphylo-bacillus causing chronic tonsillitis, 427
Staphylococcus pyogenes aureus, bouillon cultures of, use for diphtheria convalescents, and bacillus carriers, 322
Staphyloma (bilateral congenital anterior) of eyeball, 375
Starck (**W.**), diabetes mellitus following whooping-cough, 510
Statistical Report of the Ambulatory Patients of the Quinton Polyclinic for Treatment by Isotonised Water (review), 527
Stenosis, pulmonary, 419
— — without cyanosis, 121
Stephens (**H. D.**), treatment of summer diarrhœa, 370
Stephenson (**S.**), bilateral congenital anterior staphyloma of eyeball, 375
— ocular torticollis, 547
Stephenson (**S.**) and **Pritchard** (**E.**), cerebellar tumour, 120
Stereo-arthrolysis, 28
Stern (**W. G.**), study of circulation after forcible reduction of congenital flat-foot, 134
Sterno-mastoid muscle, absence of, and cervical hernia of lung, 320
Stevenson (**E. C.**), purpura hæmorrhagica in convalescence from scarlet fever, 325
Stewart (**D.**), pulmonary embolism as sequel of diphtheria, 322
Stier, facial hemiatrophy, 86
Stiles (**H. J.**), after-results of major operations for tuberculous disease of joints, 542
Still (**E. M.**), various infections and inflammations treated with tincture of iodine, 330
Stirling and **Grantley-Shelton,** splenic anæmia and splenectomy, 373
Stirling (**R. A.**), foreign body impacted in bifurcation of left bronchus, removal, 429
Stoeltzner (**W.**), facial phenomenon and convulsions, 88
Stolte (**K.**), early death of many children in one family, 418
— and **Lederer** (**R.**), heart in scarlet fever, 324
Stomach, acute dilatation of, complicating pneumonia, 466
— diphtheria of, 31
— examination, in tetany in children, 89
— hæmorrhage from, in newly born, 83
— influence of high external temperature of air upon secretory activity of, 227
Stomatitis, ulcerative, 226
Stoner (**W. C.**) and **Keiser** (**E. L.**), syphilis and amentia, 514
Storck (**J. A.**), recurrent vomiting, 557
Strabismus, ætiology and treatment, 379
— concomitant, non-operative treatment of 224
Stramonium, poisoning by, 328
Stroink, scarlet fever and chronic nephritis, 130
Studies in Infantile Paralysis during 1910 by the Washington Board of Health (review), 431
Subclavicular expansion, increased, in pleural effusion, 467
Subluxation of penis, 133
Sub-periosteal abscess of mastoid, 186
Summerfeld (**P.**) and **Aronson** (**H.**), toxicity of urine in measles and other infectious diseases, 508
Summons (**W.**), extreme bradycardia, 420
Supra-renal insufficiency (acute), in scarlet fever, 324
Supra-renals in erysipelas, 326

Surgery, dental, in children's hospital, ten years' experience of (S. F. Rose), 111
— of children and adults, some differences between, 27
Sutcliffe (W.), treatment of tuberculous glands of neck, 475
Sutherland (G. A.), bilateral deltoid paralysis, 219
— cerebral palsy, 220
Sweet (W. S.) and **Watt (J. A)**, acute epiphysitis in newborn, 470
Swynghedauw and **Bertin**, dermoid cyst of nose, 426
Syncope, phenomena of, in left pleurisy with excessive effusion, 174
Syndrome in infant, apparently connected with hypertrophied thymus, 273
Syphilis, acquired, 285
— — in patient with Hutchinson's teeth, 285
— changes in umbilical cord in, 44
— congenital, 221
— — hæmaturia, 545
— — hæmorrhagic nephritis in, 508
— — and idiocy, relation between (H. R. Dean), 385
— — of nervous system, 225
— — salvarsan in, 47
— — *Spirochæta pallida* in nasal secretion in, 284
— — treatment of, by injection of pregnant mother with salvarsan, 182
— — — with salvarsan, 181
— — Wassermann's reaction in, 283
— family, serum diagnosis in, 283
— hereditary, accompanied by anasarca without albuminuria or cardiopathy, 374
— — mortality and morbidity in (C. F. Marshall), 4
— — treatment of, by arsenobenzol ("606") (J. L. Bunch), 149
— — — by salvarsan ("606"), 182
— — Wassermann reaction in, 45, 46
— heredity of, 284
— household (syphilis œconomica), 285
— latent, in mother and child, with positive Wassermann's reaction, 284
— paternal transmission of (C. F. Marshall), 204
— treatment of, in sucklings, with milk of goat treated with salvarsan, 184
— and amentia, 514
— and congenital mental defect; relation between, 45
— and craniotabes, 170
— and diseases of ear, 286
— of children, salvarsan in, 47
Syphilitic affections of bones met with in childhood (D. C. L. Fitzwilliams), 97
— infant (hereditary), treated by intravenous injection of "606," 23
Syphilitic sucklings, salvarsan in treatment of, 286
Syphiloma of tongue in girl, 45

Talaki (Y.), disinfective power of iodine, 239
Talbot (F. B.), acute duodenal indigestion, 229
Talipes valgus (paralytic), late results of muscle transplantation for relief of, 120
Tallant (A. W.), ophthalmia neonatorum, 223
Tanaka (T.), changes in heart muscle, and especially the atrio-ventricular bundle in diphtheria, 419
— hypertrophic pyloric stenosis, 228
Tange (R. A.) and **Groenendijk (M. H. J.)**, osteogenesis imperfecta, 470
Tanturri (D.), intubation of nearly eight years' duration, recovery, 429
Tay-Sach's disease (J. Turner), 193
Taylor (D. M.), tuberculous school child, open-air schools at Halifax, 91
Taylor (J.), athetoid movements, 162
Taylor (M.), alopecia areata, 551
Taylor (R. T.), stereo-arthrolysis, 28
Teeth, bile-stained, and enlargement of liver and spleen in anomalous jaundice, 162
— deciduous, importance of care of, 553
— extraction of, followed by affections of contents of orbit, 562
— — from newly born child, 410
— green, subsequent to prolonged jaundice in first weeks of life, 161
— see also *Hutchinson's teeth*
Telangiectases in association with wasting and protracted diarrhœa, 280
Telling (W. H. M.), infantile palsy with trophic changes in epiphysis about shoulder, 78
— paroxysmal hæmoglobinuria, 78
Temperature, high external, of air, influence of, on secretory activity of stomach, 227
— in new born, investigations into, 413
— of premature children, 414
Tenotomy (subcutaneous) in congenital torticollis, 321
Teratoid tumour (epignathus) of nasal septum and base of skull, 409
Teratoma, sacral, removed from female infant two days old (H. A. Lediard), 315
Terrien, paralysis of the two external recti of diphtheritic origin, 273
Testard (M.), mongolian blue spots, 43
Tetanism, 424
Tetanoid spasms, 544
Tetanus, case of, 37
— question of anti-tetanic serum as cure for, 37
— treated with intra-spinal injections of magnesium sulphate, 37

Tetanus neonatorum, 415
— — recovery from, 84
Tetany, case of, 423
— and spasmophile tendency in infancy and childhood, 88
— in children, examination of stomach, 89
— (infantile), calcium metabolism in, 423
— — and parathyroid glands, 422
Theca, spinal, congenital neoplasm of, 84
Thompson, jun. (F. A.) and **MacAusland M. R.)**, wound diphtheria, 31
Thompson (L. L.), occipital atlas and atlo-axis dislocation, 133
Thompson (T.), two brothers with hæmophilia, 120
Thompson (W.), birth palsy, 77
— idiopathic dilatation of colon, 77
Thomsen (O.) and **Leschly (W.)**, Wassermann's reaction in the blind, deaf-mutes, and epileptics, 46
Thomsen (W.) and **Boas (H.)**, Wassermann's reaction in congenital syphilis, 283
Thomson (J. E. G.) and **Souter (W. C.)**, congenital ptosis with associated lid movements of affected eye, 560
Thoracoplasty for chronic empyema, 519
Thornett (M.), early treatment of squint, 380
Thorspecken (O.), examination of stomach in tetany, 89
Thro (W. C.) and **Neustaedter (M.)**, experimental poliomyelitis, 234
Throat, diseases of, vaccine therapy in, 426
Thrombosis, of lateral sinus; operation; recovery, 548
— of femoral artery complicating typhoid fever, 326
— subclavian, in measles, 35
Thumb, terminal phalanx of, psoriasis and flexion of, 22
— congenital absence of, in case of arrested mental development, 86
— supernumerary, 274
Thursfield (H.), green teeth, subsequent to prolonged jaundice in first weeks of life, 161
Thymus, enlargement of, remarkable case, 421
— hypertrophied, rapid death following operation, coincident with, 363
— — syndrome in infant apparently connected with, 273
— — treated by radio-therapy, 473
— involution of, by X rays, 473
— gland, hypertrophy of, latent, 170
Thyroiditis in scarlet fever, 422
Tibia, osteoma of, 461
— transplantation of portion of, into spine for Pott's disease, 135
— tuberculous spina ventosa of, 170
Tileston (W.), Mikulicz's disease, with report of case of lymphatic leukæmia with marked enlargement of salivary glands, 372
Tinea capitis, report on 700 cases, 42
Tixier (L.), lesions of interarticular cartilages in an achondroplasic, 506
— and **Roederer (C.)**, osteomalacic deformities, 506
Tongue, scrotal, 226
— syphiloma of, in girl, aged 6 years, 45
— and face, congenital hemiatrophy on left side; absence of sterno-mastoid muscle cervical hernia of lung, 320
Tonsil, lymphadenoma of, simulating chancre, 427
Tonsillitis, acute, followed by nephritis, 130
— (chronic) caused by staphylo-bacillus, 427
— complications of, 427
Tonsils, abscesses of, 187
— — treatment, 187
— enlarged, relation of, to endocarditis, 188
— enucleation of, 188
— — anæsthesia in, 427
— in childhood, 426
Torrens (J. A.), unusual cardiac bruit, 163
Torticollis, congenital; subcutaneous tenotomy, 321
— ocular, 547
— in newborn, 417
Toxic symptoms following use of tincture of iodine as skin disinfectant, 520
Trachea, larynx and œsophagus, necrosis of, in scarlet fever, 429
— perforation, by tuberculous lymphatic gland, 464
— and bronchi, foreign bodies in, 273
Tracheo-bronchial adenopathy, see *Adenopathy* (tracheo-bronchial).
Tracheo-bronchoscopy (per-oral), instruments for facilitating, 409
Tracheotomy tube (retained) and laryngeal stenosis, 428
Transactions of the American Pediatric Society, 23rd Session (review), 431
— of the Fourth Annual Conference of the National Association for the Prevention of Consumption (review), 528
Traquair (H. M.), congenital deficiency of cilia and intermarginal area of both lower lids with distichiasis, 559
Treber (H.), results of Credé's method in blenorrhœa neonatorum, 135
Tregonet and **Halipré (A.)**, laryngitis in varicella, 189
Trephining, decompressive, 81
Trèves (A.), tuberculous spina ventosa of tibia, 170
Trevor (R. S.) and **Rolleston (H. D.)**, cerebral aplasia with hydrocephalus, 24

Triboulet and others, patchy adipose sclerema, 412
— and **Harvier,** pericarditis in typhoid fever, 38
— and **de Jong,** family of achondroplasics, 412
— — intestinal pseudo-occlusion and septicæmia due to the pneumococcus, 225
— and **Savariaud,** chronic intussusception, 320
Tronyo (J.), ocular complications of mumps, 563
Tube, duodenal, for infants, 229
Tubercle, cured, of brain, 279
— of choroid in tuberculous meningitis, 526
Tuberculin, cutaneous, reaction to (C. P. Lapage), 493, 532
— diagnostic and prognostic value in infants, 463
— general and local reaction to, 177
— (Koch's old), treatment of tuberculosis by, 475
— in children, 475
— in treatment of tuberculosis, 179
— in tuberculosis of eye, 139
— reaction (von Pirquet's) in acute infectious diseases, 321
Tuberculosis, 176
— abdominal, 551
— adrenalin in treatment of, 476
— infection by, and tuberculous disease, 543
— intra-thoracic, 176
— latent, herpes zoster sign of, 178
— pulmonary, due to nasal stenosis, physical signs, 464
— relations of phlyctenulosis to, 465
— treatment by tuberculin, 179
— — by Koch's old tuberculin, 475
— and erythema nodosum, 178
— and herpes zoster, 178
— and tuberculous infection, 543
— in infancy and childhood, 463
— of eye, tuberculin in, 139
— of infancy, prognosis of, 178
— of iris, 562
— of mesenteric glands; nature and treatment of, 465
Tuberculous disease of bones and joints; present treatment in London, 471
— — of joints, after-results of major operations for, 542
— joint disease in children, treatment of, discussion on, 72
— parents, examination of children of, 464
— tumour of dura mater, 122
Tumours, subcutaneous and calcareous skin, 280
Turner (G.), two cases of amaurotic idiocy or Tay-Sachs disease, 193
Turner (P.), lateral sinus thrombosis, operation, recovery, 548
— radical cure of inguinal hernia, 123
Typhoid bacillus, vaccine treatment of carrier of, 39
— fever, abortive, in children, 38
— — abscess of lung in, 326
— — cardio-sphygmographic observations in, 38
— — complicated by double parotitis, 39
— — — by intestinal hæmorrhage following scarlatina complicated by left hemiplegia, 169
— — — by thrombosis of femoral artery, 326
— — dietetic and general management of, 327
— — infection of, involving only gall-bladder, 38
— — pericarditis in, 38
— — unusual case of, 326
— — in children, 37
— — in suckling, 38
— — — with rare complications, 38
— state and mutism in pneumonia of right apex, cure, 174
Typhus, gangrene in, 39
— fever in children, 327

Umbilical cord, changes in, in syphilis, 44
Uræmia, scarlatinal, cured by lumbar puncture, 130
Urea in cerebro-spinal fluid of infants affected with gastro-intestinal disturbances and sclerema, 412
Ureter, calculus of, 132
Urethra, calculi in, 222
— posterior, congenital obstruction of, 519
Urine, excretion of diphtheria bacilli in, 508
— toxicity of, in measles and other infectious diseases, 508
— value of examination of, in infants, 507
Uterine annexa, torsion of, in hernias of nurslings, 518
Uterus, maldevelopment of, 133
Uvula, destruction of, in Vincent's angina, 267
— — — (J. D. Rolleston), 311

Vaccination followed by exanthemata, 36
— followed by hæmorrhage, causing death, in newborn infant with hæmophilia, 83
— in pregnant women and newborn children, 36
Vaccine in treatment of pertussis, 331
— therapy in diseases of ear, nose and throat, 426
— — in eye diseases, 139
— treatment in ophthalmology, 563
— — of typhoid bacillus carrier, 39
— see also *Pertussis vaccine.*
Vaccines in aural practice, 185

Vaccines in treatment of chronic membranous conjunctivitis, 377
— see also *Bacterial vaccines.*
Valleix (E.), emotional jaundice, 554
Van Saun (S. W.), importance of caring for deciduous teeth, 553
Varicella in adult, 36
— laryngitis in, 189
— localised and confluent, 325
— streptococcal septicæmia with purulent œdema in, 325
— gangrænosa, complicated by iridochoroiditis, 137
Variot (G.), congenital hemiatrophy of face and tongue on left side; absence of sterno-mastoid muscle and cervical hernia of lung, 320
— immunity of infants to eruptive fevers and certain infectious diseases, 321
— and **Bonniot (E.)**, congenital labial hemispasm and Little's disease, 225
— — facial paralysis following fall, 412
— and **Morancé**, alteration caused by diet in abdominal girth of infants, 320
— — arterial transposition; congenital cyanosis without murmur, 29
— — pleural gurgling in child, 363
— — severe case of Raynaud's disease, 282
— and **Petit (P.)**, bruit in a pulmonary cavity, 29
Veeder (B. S.), acute lymphatic leukæmia in infant, 371
Vegas (M. H.), treatment of pyloric stenosis in early infancy, 235
Venous hums, occurrence of, in children, 80
Veras (S.), herpes zoster by contagion, 360
Verco (J. C.), paramyoclonus multiplex epilepticus of Unverricht, 513
Vidal (P.), melæna neonatorum, 83
Vincent's angina, 188
Viscera, complete transposition of, 506
— transposition of, 162, 164
Vision, conservation of, 138
Visual acuity, effect of Montessori method on development of, 559
Vitale (C.) and **Petrone (G. A.)**, infantile spasmophilia and parathyroid glands, 423
Vitiligo, 221
— with chorea, 280
Voelcker (A. F.), limitations to successful employment of salicylates in rheumatic affections, 180
Vogt (H.), chronic bronchiolectasis, 173
— typhoid fever, 37
Vomiting, cyclical, "prune-juice" vomiting as symptom of, 558
— — with acetonæmia, 557
— hysterical, with achylia, 161
— (infantile pernicious) and rectal hæmorrhage, 416
— recurrent, 557
Vomiting, recurrent, creatinin and creatin excretion in, 558
— — relation of adenoids to, 428
Vulva, gangrene in, 41

Wade (R. B.), appendicitis in children, 516
— osteogenesis imperfecta, 470
Wallace (J. Sim), Prevention of Dental Caries (review), 190, 480
Wallace (R.), untoward effect of diphtheria antitoxin, 32
Wallfield (J. M.), purpura hæmorrhagica, 374
Ward (G. R.), nodular leukæmia, 348
Ward (L. E. B.), intestinal stasis and its surgical treatment, 517
Wassermann's reation in the blind, deaf-mutes, and epileptics, 46
— — in congenital syphilis, 283
— — in hereditary syphilis, 45, 46
— — in newborn, 45
— — (positive) in diabetes insipidus (F. P. Weber), 211
— — — in mother and child with latent syphilis, 284
Wasting diseases of children, massage in (J. M. MacPhail), 404
Watson (F. C.) and **Brem (W.)**, vaccine treatment of typhoid bacillus carrier, 39
Watt (J. A.) and **Sweet (W. S.)**, acute epiphysitis in newborn, 470
Watzold and **Adam**, Parinaud's conjunctivitis (tuberculous conjunctivitis), 378
Waugh (G. E.), enterectomy in infant 24 hours old, 237
Weber (F. P.), congenital pulmonary stenosis without cyanosis, 121
— diabetes insipidus in boy with positive Wassermann's reaction; polyuria in children and infantilism, 211
Webster (P. S.) and **Ferguson (S. W.)**, retained tracheotomy tube and laryngeal stenosis, 428
Weil (A.) and **Ribadeau-Dumas (L.)**, hypertrophied thymus treated by radio-therapy, 473
Weill (E.), spasm of larynx in bronchopneumonia, 171
— and **Dufour**, necrotic angina in scarlet fever, 413
— and **Gardère**, increased subclavicular expansion in pleural effusion, 467
— — ulcer of duodenum, death from intestinal hæmorrhage, 554
— and **Mouriquand (G.)**, myocarditis and sudden death in scarlet fever, 34
— — severe secondary hæmorrhage following application of leeches, 421
Weiss (L.), chancre of scalp, 44
Welch (J. E.), normal human blood-serum injections in melæna neonatorum and other conditions, 416

Welde (E.), treatment of congenital syphilis with salvarsan, 181
Welt-Kakels (S.), Hirschsprung's disease, 232
West (C. E.), vaccines in aural practice, 185
Weston (P. G.) and **Kolmer (J. A.)**, bacterin treatment of septic rhinitis of scarlet fever, 332
Whipham (T. R.), (?) anterior poliomyelitis, 548
— arthritis of shoulder and hip (? tuberculous), 163
— proliferative osteo-arthritis of hip, 163
White (W. Hale), acute arthritis, 471
Whooping-cough, 37
— dangers of, 36
— followed by diabetes mellitus, 510
— — by encephalitis, 326
— ichthyol in treatment of, 331
— poisoning by bromoform during, 328
Wiener (R. G.), use of bouillon cultures of *Staphylococcus pyogenes aureus* in diphtheria convalescents and bacillus carriers, 322
Williams (A. W.) and **Nicoll, jun. (M.)**, inclusion bodies in the blood in scarlet fever, 521
Williams (E. C.), notes on a case of precocious development in boy, aged 6 years, 529
Williams (H. J.), abdominal tuberculosis, 551
Williams (O. T.), intestinal intoxications, 369
Williams (R. P.), Sheffield open-air school, 90
Williams (T. A.), psychasthenia due to coffee-drinking, 89
Wilson (H. W.), case of rhinitis caseosa, 186
Wilson (J. A.), keratitis as cause of myopia, 378
Wilson (J. G.), tonsils in childhood, 426
Wilson, (T. G.), maldevelopment of uterus, 133
Wirschubski, infantilism, 425
Wittich, tuberculin in treatment of tuberculosis, 179
Wolbarst (A. L.), congenital syphilis treated by administration of salvarsan to the mother, 183
Women, pregnant, and newborn children, vaccination in, 36
— and children, flat feet in, 134
Wood (A. J.), cause and treatment of summer diarrhœa in children, 368
Wood (F. T. H.), Darlington open-air school, 90
Woods (E. B.) and **Eaton (P. J.)**, diabetes mellitus in child under one year, 509
Woods-Hutchinson, tuberculosis, 176
Woody (S. S.) and **Kolmer (J. A.)**, diazo-reaction in scarlet fever and serum sickness, 324
Woolfenden (H. F.), insussusception in infant, resection, recovery, 515
Word-deafness, congenital, and other defects, 23
— in girl, aged 14 years, 185
Wound, diphtheria in, 31
— small frontal, in newborn causing fatal hæmorrhage, 83

X rays, involution of thymus by, 473

Yearsley (M.), case of median dermoid cyst of the nose, 160
— naso-pharynx and its relation to other regions, 426
— prevention of deafness in children, 396
— retrospect of otology, 1911, 19

Zaharesco (N.), treatment of heredo-syphilis by "606," 182
Ziehen (T.), Die Erkennung der psychopathischen Konstitutionen (Krankhaftenseelischen Veranlagungen) und die öffentliche Fürsorge für psychopathisch veranlagte Kinder (review), 191
Zoster (ophthalmic), 137

ADLARD AND SON, IMPR., LONDON AND DORKING.